March, 1955

Canadian Hospital

- *l'Hôpital Maisonneuve*
- *Honour thy housekeeper*
- *A small hospital's disaster plan*
- *Suggestions on laundry production*
- *Report accounting for small hospitals*
- *Psychiatric unit in a general hospital*

Canadian Hospital Association

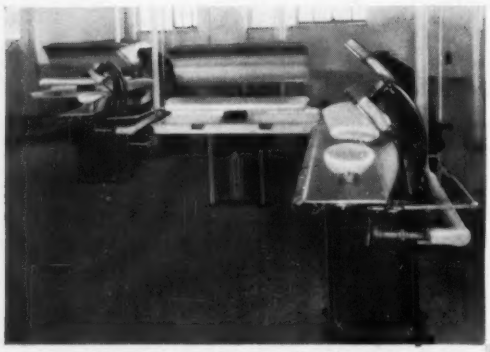
Do you know what

Canadian's Laundry Advisory Service

can do for you?

Here's how we cooperate with many of Canada's Hospitals

1. *survey and analysis of all laundry requirements*
2. *layout and installation planning advice*
3. *operation and maintenance counsel*



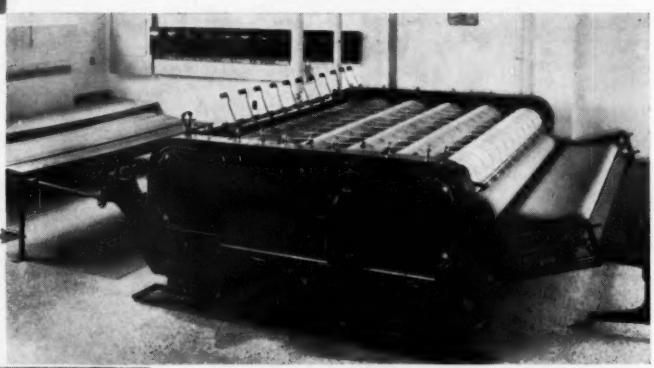
Two Press Units, each combining a #55 Super-Zarmo Press, a #51-A Super-Zarmo Press and a #106-A Super-Zarmoette Press, assure a plentiful, low-cost supply of neatly ironed uniforms and staff wearing apparel.

We invite all Canadian hospital executives to make full use of our Laundry Advisory Service. Our continuing program of research and development concentrates on efficient, economical solutions of laundry problems, and the manufacture of high-production, labor-saving equipment.

Call in one of our Laundry Advisors for a discussion with you. There's no cost, no obligation! He may be able to point out substantial savings in time, money and manpower—or help you improve the quality of your laundry services. Write today!

NEW MONTREAL HOSPITAL UTILIZES CANADIAN'S SERVICE

In the new 500-bed St. Joseph Hospital-Sanatorium, operated by The Sisters of Mercy, Montreal, this complete laundry is Canadian-planned and equipped. The 6-roll Streamline Flatwork Ironer helps maintain an abundant supply of crisp, hygienically clean linens.



Three CASCADE washers wash linens snowy-white. In the foreground, a 48" Monex Open Top Extractor, a 30" Solid Curb Extractor, a 17" Monex Extractor and a 15-gallon Starch Cooker.

The

CANADIAN

LAUNDRY MACHINERY CO., LIMITED

47-93 STERLING ROAD, TORONTO 3, ONT.

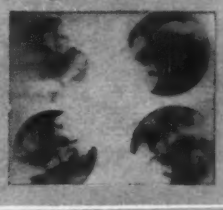
WESTERN REPRESENTATIVES—Stanley Brock Limited, Winnipeg, Calgary, Edmonton, Vancouver.

new Picker spotfilm device takes all three interchangeably

. . . lets you use the filmsize just right for the job at hand

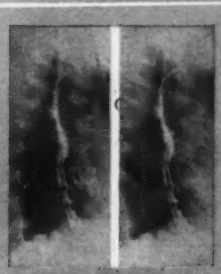
use an 8" x 10" cassette

when you want 1, 2 or 4 views of the stomach, pylorus and duodenum.



use a 10" x 12" cassette

when you want two *full-length* views (5" x 12") of the esophagus,
or when you want a full view of the stomach from fundus to pylorus,
or when you want a pair of *foot-long* sections of the spinal canal in myelography.



use a 14" x 14" cassette

when you want a complete intestinal study or a comprehensive abdominal view.
(14" x 14" is a regularly available standard size in films and cassettes).

virtually no end to the things you can do with the

10" by 12"

Multifilmer

Nothing to attach or detach or adjust; simply pop in the cassette best suited to the case and go ahead (no special cassettes needed; takes conventional type you're using right now). With reciprocating grid, of course . . . and photo-timing if you like.

Picker x-ray

Picker X-Ray of Canada Ltd.
1074 Laurier Ave. W., Montreal, P.Q.

Contents

Vol. 32 **March, 1955** No. 3

Notes About People 12

Obiter Dicta 33

Report Accounting for Small Hospitals 35
Robert G. Goodman, C.A.

A Psychiatric Unit in a General Hospital 37
W. A. Tillmann, M.D.
Lebert Harris, M.D.

A Splendid Sentinel—l'Hôpital Maisonneuve 38

Honour Thy Housekeeper 43
Ruth Crawford

Montreal Disaster Institute 45

Disaster Plan of the Barrie Memorial Hospital, Ormstown, P.Q. 46

Practical Suggestions on Laundry Production 50
Daniel Schneider

Ontario Accounting Institute 52

Good Nutrition for Mother and Infant 54
Agnes C. Higgins

We Are All Partners in Hospital Service 58
Reverend J. Ferguson

Book Reviews 60

From the Code of Hospital Ethics 66

Health Care Plans 68

Provincial Notes 70

Coming Conventions 72

With the Auxiliaries 74

Here and There 76

Want Ads 112

Across the Desk 118

(For Subscription Rates, see page 102)

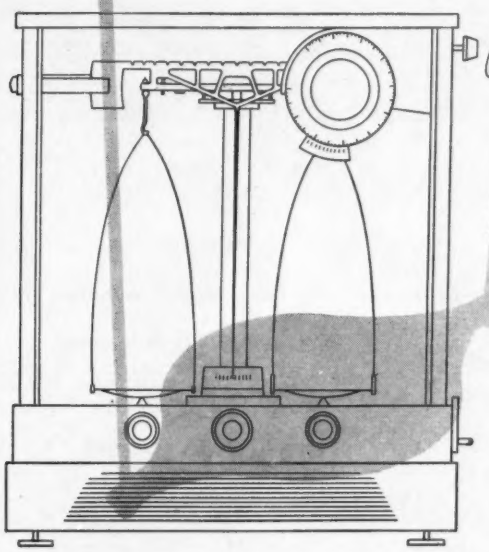
for a **balanced program** of parenteral nutrition . . .

5 NEW

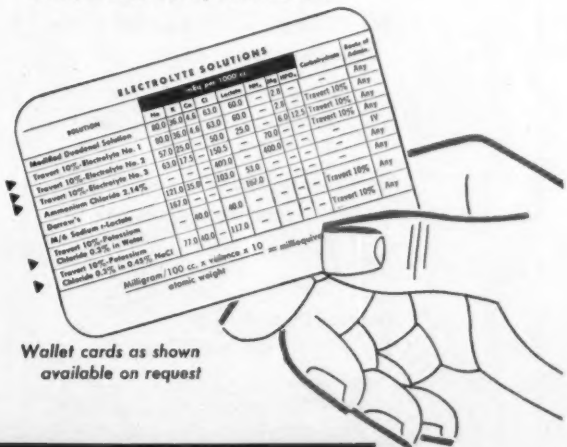
Travert 10%-Electrolyte

SOLUTIONS

all the advantages of Travert* *plus* replacement of electrolytes, and correction of acidosis and alkalosis



* ***Travert*** 10% Solutions provide:
twice as many calories as 5% dextrose, in equal infusion time,
with no increase in fluid volume;
a greater protein-sparing action as compared to dextrose;
maintenance of hepatic function.



Wallet cards as shown available on request

products of
BAXTER LABORATORIES OF CANADA, LTD.
Acton, Ontario

Distributed in Canada exclusively by
INGRAM & BELL LIMITED
TORONTO
MONTREAL · WINNIPEG · CALGARY · VANCOUVER

Canadian Hospital Association

The Federation of Hospital Associations in Canada and the Canadian Medical Association, in co-operation with the Federal and Provincial Governments and voluntary non-profit organizations in the health field.

Officers and Directors

Honorary President:
The Honourable Paul Martin
Minister of National Health and Welfare

Honorary Vice-President:
O. C. Trainor, M.D.
Misericordia Hospital, Winnipeg

President:
A. C. McGugan, M.D.
University of Alberta Hospital, Edmonton

Vice-President:
Rev. Father Hector L. Bertrand, S.J.
325 St. Catherine Road, Montreal

Treasurer:
A. Lorne C. Gilday, M.D., C.M.
478 Mountain Ave., Westmount, Montreal

Directors:
Rev. Sister M. Ignatius
Sisters of St. Martha, Antigonish, N.S.

Percy Ward
129 Osborne Road East, North Vancouver

J. Gilbert Turner, M.D., C.M.
Royal Victoria Hospital, Montreal

Donald F. W. Porter, M.D.
The Moncton Hospital, Moncton, N.B.

John Smith
Yorkton General Hospital, Yorkton, Sask.

A. J. Swanson
Toronto Western Hospital, Toronto

Rt. Rev. John G. Fullerton, D.P.
67 Bond St., Toronto

Editorial Board

R. Fraser Armstrong, B.Sc.
Kingston General Hospital, Kingston

Harvey Agnew, M.D.
134 Bloor St. West, Toronto 5

D. R. Easton, M.D.
Royal Alexandra Hospital, Edmonton

René LaPorte
Hôpital Notre-Dame, Montreal

Rev. Sister Catherine Gerard
Halifax Infirmary, Halifax

Ruth C. Wilson
Maritime Hospital Service Association, Moncton, N.B.

Priscilla Campbell, Reg.N.
Public General Hospital, Chatham, Ont.

PROVINCIAL CORRESPONDENTS:

British Columbia: Percy Ward, *Vancouver*

Alberta: M. G. McCallum, M.D., *Edmonton*

Saskatchewan: S. N. Wynn, *Yorkton*

Manitoba: Robert Goodman, *Winnipeg*

Ontario: Ocean G. Smith, *Toronto*

Quebec: A. L. C. Gilday, M.D., C.M., *Montreal*

Maritimes: Mrs. H. W. Porter, *Kentville, N.S.*

Executive Staff

W. Douglas Piercey, M.D.
Executive Director and Editor

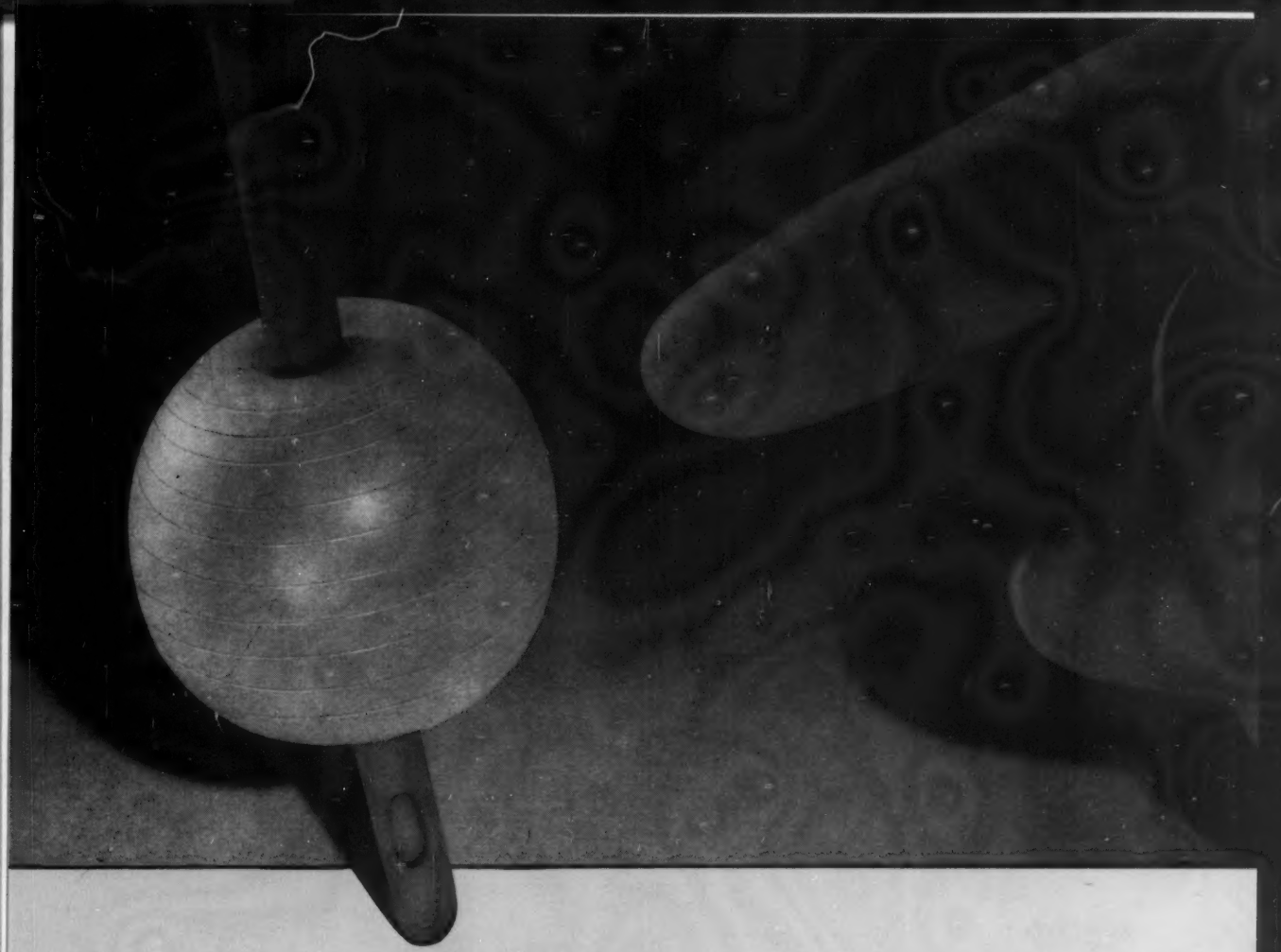
Murray W. Ross,
Assistant Director and Associate Editor

Donald M. MacIntyre
Assistant Director

Charles A. Edwards,
Business Manager
(57 Bloor St. W.)

Jessie Fraser, M.A.
Assistant Editor

Editorial and Secretarial Offices: 280 Bloor St. West, Toronto 5, Ont.



Only BARDEX® Balloons have these reinforcing ribs...which assure the uniform distention so necessary for proper retention and effective hemostasis.

Specify

BARDEX® Foley Catheters

"The Accepted Standard of Excellence"

Available in 44 Styles

C. R. BARD, INC., SUMMIT, NEW JERSEY

General Electric announces the

. . . a moderately priced, highly versatile diagnostic x-ray unit

Featuring . . .

a compact, lightweight spot-film device and maneuverable, space-saving overhead tube support

For fluoroscopy . . . for radiography—General Electric's new REGENT offers radiologists outstanding facilities. New ease and convenience is found in the compact spot-film device. One of the lightest ever offered, it also assures fast, simple operation . . . accepts either 10x12 or 8x10 cassettes . . . provides eight field sizes. It's available with or without phototiming.

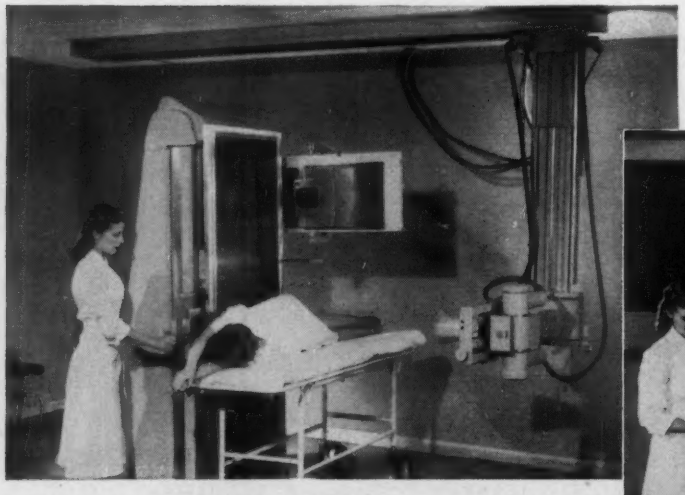
For radiography the REGENT offers an overhead tube support that's instantly positioned for all technics — including all cross-table, decubitus or hospital-cart radiography. The unit provides increased working space around the table . . . is easily parked out of the way when not in use.

In appearance, too, the REGENT is outstanding. Its modern styling — in a pearl-gray finish — fits any setting.

Equally important — with the REGENT you get a product backed by the prestige of General Electric . . . in keeping with your own fine standards. Research, engineering, manufacture, service — all are performed with the skill and care you naturally associate with General Electric.

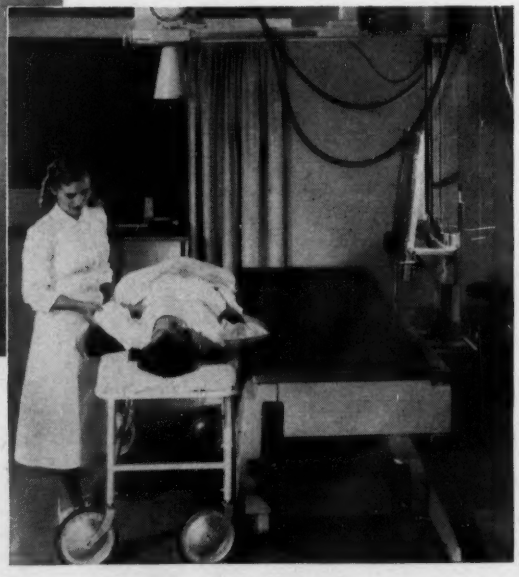
Like all G-E x-ray apparatus, the REGENT can be yours — without initial capital investment — on the General Electric Maxiservice® rental plan.

Ask your G-E x-ray representative to show you how the REGENT can add ease and facility to your radiography and fluoroscopy. Contact General Electric X-Ray Corp., Ltd. —Montreal, Toronto, Vancouver, Winnipeg.



Decubitus Bucky radiography of cart patient can be done routinely at focal-film distances up to 60 inches. REGENT is also available with conventional tube stand, floor-to-ceiling or platform mounted.

REGENT'S overhead tube support facilitates hospital-cart radiography—tube can be positioned well beyond table front.



REGENT

45° TRENDELENBURG fulfills requirements for virtually all technics. Hydraulic tilting mechanism is foot-pedal controlled — moves table smoothly and quietly at any speed you prefer.

REGENT utilizes Scholz lightweight duplex spot-film device with Scholz optical phototiming pickup or sealed G-E unit as pictured.

Progress Is Our Most Important Product

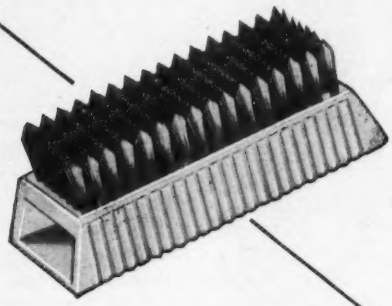
GENERAL ELECTRIC

STEVENS
125th ANNIVERSARY YEAR
1830 - 1955

NEW...

ANCHOR SURGEON'S BRUSH DISPENSER

By the Manufacturers of Anchor Nylon Surgeon's Brush



SPECIAL OFFER TO HOSPITALS

1. With each order of 6 dozen Anchor brushes, 1 brush dispenser and wall plate will be supplied at $13.80
2. With each order of 12 dozen Anchor brushes, 2 brush dispensers and wall bracket will be supplied at $13.50

SPECIAL FEATURES OF THE ANCHOR SURGEON'S BRUSH DISPENSER

- Attractive compact design, stainless steel, lifetime construction with only 2 moving parts.
- Holds as many as 15 sterilized brushes.
- Specially designed vents permit circulation of steam throughout sterilizing process.
- Dispenser can be sterilized in 24-inch autoclave.
- Mounting attachment fits many existing wall brackets.
- Fits close to wall—projection only about 4 inches.
- Removable sliding cover permits easy filling and cleaning.
- Easier, faster, safer dispensing—a sterilized brush at the flick of a finger.

Offer available for limited time only. Cost of dispenser without brush order is $33.10, plus $7.70 for the wall bracket.

EXCLUSIVE CANADIAN DISTRIBUTORS

ESTABLISHED 1830

THE STEVENS COMPANIES

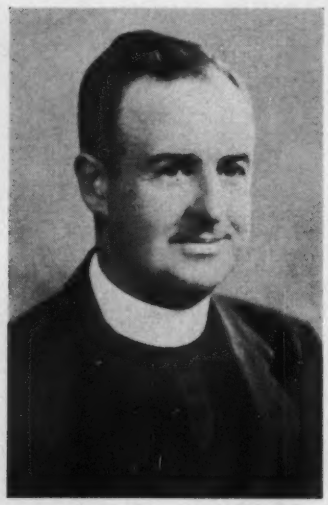
TORONTO WINNIPEG CALGARY VANCOUVER

◂ Notes About People ▸

Various Groups Honour Msgr. Fullerton

Some 600 persons attended a testimonial and reception held in Toronto in February in honour of Rt. Rev. John Graham Fullerton on the occasion of his elevation to the rank of Domestic Prelate—an honour bestowed by the Holy Father.

Msgr. Fullerton, who is director of Catholic Charities for the Archdiocese of Toronto, is well known in the hospital field. He has been a leading



Rt. Rev. John G. Fullerton, D.P.

figure in the Ontario Hospital Association for many years and has served as its president. He has long been associated with the Canadian Hospital Association and is at present a member of its Board of Directors.

At the testimonial held in Carr Hall, St. Michael's College, Msgr. Fullerton was presented with a purse and four illuminated addresses were read, from groups who work closely with him. They are: the agencies of Catholic Charities; the Catholic hospitals of the Archdiocese of Toronto; neighbours in the Catholic Office Building on Bond Street; and personal friends.

Messages were also read from many organizations including: the Canadian Hospital Association; the Ontario Hospital Association; the Catholic Hospital Association of the United States and Canada; the Catholic Hospital Association of Canada; and the Maritime Conference of the Catholic Hospital Association; as well as from the Canadian Association of Social Welfare and the National Conference of Catholic Charities, Washington, D.C.

* * * *

New Superintendent at Ontario Hospital, St. Thomas

Dr. A. C. Cleland is the new superintendent at the Ontario Hospital, near St. Thomas, Ont. Dr. Cleland has been in the service of the Department of Health for almost 25 years, almost constantly since the time of his graduation from the medical school at Queen's University, Kingston, Ont. He has served in many of the provincial mental hospitals, his last appointment being superintendent of the Ontario Hospital on Queen Street, Toronto.

* * * *

Tribute Paid to Retiring Trustee

Frederick G. Fuller, Middlesex County Council representative to Victoria Hospital Trust, London, Ont., has retired after 24 years of trusteeship. He was honoured recently at a dinner held at Victoria Hospital and a silver tray was presented to him. Mr. Fuller is 77 years of age and has been a member of the Victoria Hospital Trust since 1930.

* * * *

Two Toronto Doctors Honoured by the American College of Surgeons

Two Toronto surgeons received plaques recently from the American College of Surgeons for their contributions to the teaching of surgery, as demonstrated by them in a motion picture. They are Doctors Robert Janes and Charles Robson of the Toronto General Hospital.

The two surgeons collaborated in presenting a demonstration, beginning with diagnosis and x-ray studies, of a complicated and delicate surgical process, known as the thoraco-abdominal approach in nephrectomy. This is a method of revealing the kidney so that, as in this particular operation, a tumour can be removed.

Dr. Janes, head of the hospital's department of surgery, and professor of surgery at the University of Toronto's medical school, collaborated with Dr. Robson who performed the operation. By prior arrangement with the American College of Surgeons, who had requested that the technique be recorded, the motion picture of the method was then sent to the College to be used for teaching purposes.

* * * *

New Appointments at Saskatchewan Hospital, Weyburn

Recently appointed to the staff of the Saskatchewan Hospital at Weyburn are Dr. Roman H. Hwozdecki as a physician and Dr. Margaret Mary Burke as a psychiatrist. Dr. Hwozdecki, a graduate of the University of Prague, came to Canada in 1948 and has served in hospitals at Fort William, Quebec City, Montreal, Toronto, and in Weston, Ont. Dr. Burke, a graduate of University College in Galway, Eire, has served in hospitals and in general practice in Eire, Wales, and England. Until recently, she was resident doctor at Bexley Hospital, Kent, where she took her psychiatric training.

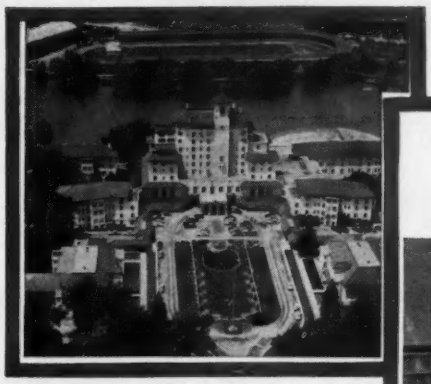
• It has recently been announced that Dr. S. B. Hatfield has been appointed Honorary Secretary of the Australian Hospital Association. Dr. Hatfield is associated with the Royal Prince Albert Hospital, Camperdown, Sydney, Australia. During the summer of 1954, Dr. Hatfield visited a number of American and Canadian hospitals. The many friends he made in Canada, both in governmental and hospital circles, wish him every success in his new duties.

• J. N. Yanover was re-elected chairman of the board of governors of the Belleville, General Hospital, Belleville, Ont., recently. It is his fourth consecutive term.

• Peter A. Miskew has been elected chairman of the Edmonton Hospital Board, Edmonton, Alta. W. Clarence Richards was chosen as vice-president, while Garnet Hollingshead will continue as secretary.

(Concluded on page 16)

TWO GREAT NAMES...



THE BROADMOOR HOTEL

COLORADO SPRINGS, COLO.

Equipped with **GARLAND...**

THE GREATEST NAME IN COMMERCIAL COOKING!

GARLAND is best . . . sales prove it!

This is a fact: Day in, day out more Garland commercial cooking equipment is used to prepare meals than any other make!

That's because Garland is noted for perfect results . . . whether the cooking operation is large or small. The finest chefs rely on Garland not only for its speedy ways and dependability, but for its unmatched flexibility and outstanding performance. They *know* Garland is tops! Get the Garland story from your food service equipment dealer today!

GAS SUPPLIED BY COLORADO INTERSTATE GAS CO., COLORADO SPRINGS, COLORADO.
SOLD AND INSTALLED BY CARSON HOTEL SUPPLY COMPANY.

The battery formation illustrated includes: Spectro-Heat Hot Top; Open Top; Unitherm Fry Top; Deep Fat Fryer; and Side Fired Broiler. Units available in standard black-Japan or Stainless Steel finishes.

Every Sale A Dealer Sale!

Look for the 45-29 Club pin . . . it's the mark of an expert!

GARLAND

DM PRODUCTS

GARLAND-BLODGETT LTD.

1272 CASTLEFIELD AVE. • TORONTO

Distributed in Canada exclusively by

INGRAM & BELL LIMITED

TORONTO

MONTREAL · WINNIPEG · CALGARY · VANCOUVER

Notes About People

(Concluded on page 12)

● Edward Heckbert was elected chairman of the board of the Medicine Hat General Hospital, Medicine Hat, Alta. He succeeded H. J. McCallum who has been chairman for the past three years.

● Mrs. John A. Aylen is the new chairman of the board of trustees at the Ottawa Civic Hosital in Ottawa.

● Alex Harris has been re-elected chairman of the board of trustees at the Kirkland Lake and District Hospital, Kirkland Lake, Ont.

Peterborough Civic Staff Newspaper

The staff of the Peterborough Civic Hospital are now putting out a semi-monthly newspaper called, for the time being, the *PCH News*. A token prize of $5 has been offered to any employee who can suggest a better name for the two-page news-sheet.

"Its purposes are many", says the lead editorial of the first issue of *PCH News*, "to bring all members of the staff up to date on happenings around the hospital, to bring you a little bit of news, to create a feeling of unity amongst us, and to help us to get to know each other a little better. The main aim is to help us know more about our hospital, to understand the hospital's purpose, and how it is striving to function in our chief interest—our patients."

Some of the features include a column "Comings and Goings"; announcement of an employees' credit union meeting; news from the board of governors; a word of advice about income tax; progress in the construction of the east wing; a report on the medical staff meeting; and news of the women's auxiliary. The editor is W. F. Thompson and the assistant editor is R. J. McQueen.

C.H.A. Extension Courses

LAST CALL FOR 1955 APPLICATIONS

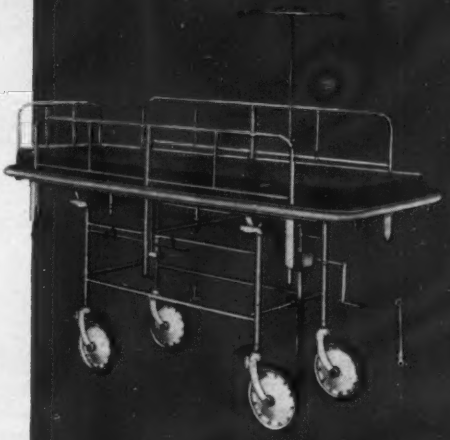
This will be the last notice regarding applications for the 1955 classes of the extension course in hospital organization and management and the extension course for training medical record librarians, respectively, conducted by the Canadian Hospital Association.

Those wishing to have their names considered for enrolment in either class commencing next September should have their applications on file with the secretary not later than March 31st.

Application forms and information may be obtained from: The Secretary, Committee on Education, Canadian Hospital Association, 280 Bloor St. W., Toronto 5, Ontario.

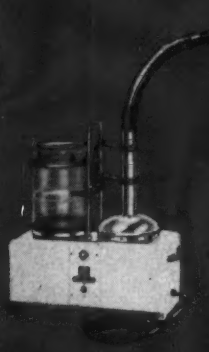
MOBILE HANDLING EQUIPMENT FOR HOSPITALS

- Bag Trucks
- Bed Bumpers
- Book Trucks
- Box Trucks
- Bumpers, Rubber
- Canvas Bag Trucks
- Dish Trucks
- Dressing Carts
- Hand Trucks
- Ice Trucks
- Instrument Tables
- Kitchen Trucks
- Laundry Trucks and Hampers
- Maids Linen Service Trucks
- Mop Trucks
- Mop Wringers
- Oxygen Tank Trucks
- Platform Trucks
- Rubber Bumpers
- Shelf Trucks
- Tank Trucks
- Tray Trucks
- Two Wheel Trucks
- Wheel Stretchers



COLSON post anaesthesia stretchers

A complete range of models with tilting and elevating litters and in stainless steel or gray enamel finish. Model illustrated, incorporates many new features including control mechanism of side rocks designed to eliminate excess play and noise; overall width has been reduced to 28¾"; new #3 series casters with greatly improved wheel and swivel brakes; conductive tires are now standard. All these extra features become standard on our new model which replaces former models with no change in price! Equipped with 4" thick Air-Foam Rubber pads, at extra cost.



The COLSON Inhalator

Ideal for hospital or home use in the safe, convenient treatment of respiratory diseases. Uninterrupted operation while refueling. Visual water supply. Stainless steel boiler reservoir and bedpan unit. Approved by Underwriters Laboratories and Canadian Standards Association.

COLSON wheel chairs

All models including folding, adjustable and commode types in adult and junior sizes. Body and chassis designs provide maximum ease and mobility and user comfort and safety are stressed throughout. Every Colson wheelchair is a quality wheelchair.

COLSON (Canada) Ltd.

65 MANSER ROAD, TORONTO 15, PHONE CHerry 1-8541

"COLSON is *the* name for Mobile Handling Equipment in Hospitals"

Colson (Canada) Ltd.,
65 Manser Road,
Toronto 15, Ontario.

Please send complete literature on the following:

☐ Colson Post Anaesthesia Stretchers ☐ Colson Inhalator
☐ Colson Wheelchairs

Name.....

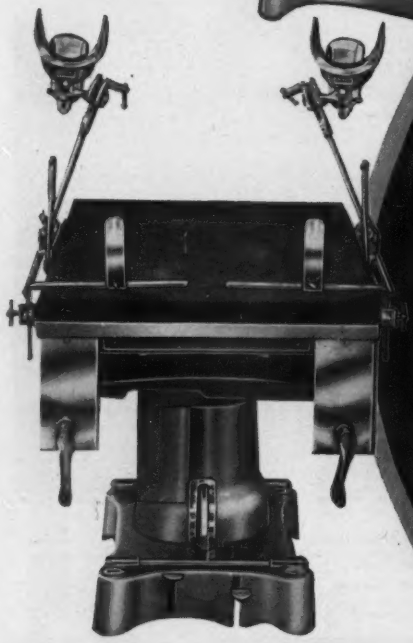
Address.....

City.....Prov.....

55-50

For Speed and Efficiency...
For Simplified O. B. Procedure

SHAMPAINE
HAMPTON
O. B. TABLE



The Shampaine Hampton offers superior advantages for the physician, nurse, all persons involved in O.B. procedure.

* **NEW CRUTCH SOCKET**

Permits easy, rapid crutch adjustment — lateral, radial and vertical — with one lever. Saves time and labor.

* **HEAD-END CONTROLS**

All controls conveniently located at head-end for speed and efficiency.

* One crank changes table from labor position to delivery position.
* Leg section telescopes from fixed body to full length.
* For close-up work, top can be rotated without moving base.
* Easy to clean; working parts are completely concealed, and panels are stainless steel.

Shampaine COMPANY

MANUFACTURERS OF A COMPLETE LINE OF PHYSICIANS' AND HOSPITAL EQUIPMENT

SHAMPAINE COMPANY, Dept. CH5-3
1920 South Jefferson Ave., St. Louis 4, Mo.

Please send information on the Shampaine Hampton O.B. Table

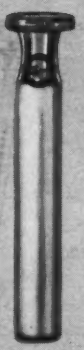
My dealer is .....

Name .....

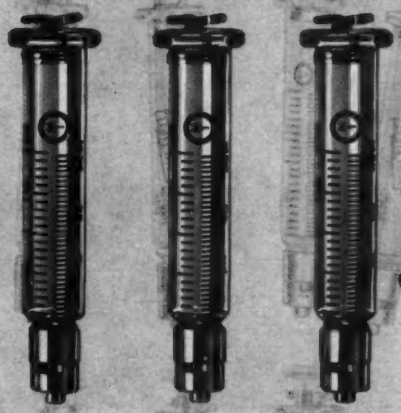
Address .....

City ..... Zone ..... Prov. .....

for
lowest
"cost-in-use"



MULTIFIT® *Syringes*



every plunger fits every barrel

B-D MULTIFIT Syringes *cost less* to use because their

- **rate of replacement is lower—**
  the clear glass barrel virtually eliminates loss from friction and erosion.
- **cost of replacement is lower—in case of breakage, you lose only the broken part—**
  the unbroken part remains in use.
- **ease and speed of assembly cut handling time—**
  free personnel sooner for other tasks.

B-D

BECTON, DICKINSON AND COMPANY
RUTHERFORD, N. J.

B-D AND MULTIFIT, T.M. REG. U.S. PAT. OFF.

Hospital Management Competitions—Public Relations and Annual Reports

In bringing attention to its annual competitions in public relations programs and annual reports, *Hospital Management* magazine stresses the value to be derived in making an audit of public relations. The purpose of such an audit is to analyze the relations the hospital has with the general public in an effort to make all these contacts more effective.

The record a hospital makes of its public relations program, preferably in a compact, album form, is the type that *Hospital Management* accepts in its public relations competition. Three Malcolm T. MacEachern bronze plaques are awarded each year during the annual meeting of the American Hospital Association and will be presented this year on Sept. 20th in Atlantic City, N.J. The awards are divided into three classes: hospitals with 200 beds or less; hospitals with 201 to 400 beds; and hospitals with more than 400 beds. Certificates of merit are also awarded.

Since the most important public relations asset is the type of professional care given to patients, *Hospital Management* has offered various suggestions as to how reference can be made to this aspect in the public relations competition. Judges will take into consideration that smaller hospitals will not have as comprehensive an offering as the larger hospitals.

Information concerning the public relations competition and the annual report competition can be obtained from *Hospital Management*, Editorial Department, 105 West Adams Street, Chicago 3, Ill.

Canadian International Trade Fair to be Held at Toronto, Ont.

The Canadian International Trade Fair will be held in Toronto from May 30th to June 10th. Some 22 countries have already reserved space. Canadian firms have taken roughly half the total space. Other leading countries are the United Kingdom, Germany, Italy, France, Czechoslovakia, the United States, Belgium, India, Japan, and Austria. A number of unusual items will be displayed. For example: Canadian Patents and Development Ltd., part of the National Research Council, is showing inventions from various universities and government departments available for licensing; Atomic Energy of Canada Ltd. will display radio-active materials and accessories for industry, research, and medicine; and a Canadian firm is showing a new vehicle for transportation over usually impassable ground.

They Tried it on Themselves

Prior to the admission of the first patients at the new University of Saskatchewan Hospital in Saskatoon, staff members tried out all procedures on themselves in order to be certain that everything was in readiness for the patients. During the 24-hour trial period, staff members, acting as patients, were admitted, assigned to beds in the hospital, sent to the x-ray department, to operating rooms, and other areas, just as if they were actual patients.

Official opening of the hospital will take place in May and for the remainder of this year, wards will be opened one by one until the full capacity of 523 beds has been made available.

a convenient source of information useful to your staff

LEDERLE HOSPITAL EXHIBITS

this is a typical Lederle hospital exhibit

Lederle Hospital Exhibits help keep your staff well informed by providing them with information on products regularly used in hospitals. Residents, internes, nurses, students—all will find these exhibits to be interesting and worthwhile.

Furthermore, you can be completely assured that every exhibit will be arranged and conducted on the highest ethical plane. The Lederle Representative will be glad to schedule an exhibit for your hospital. See him for further information or write:

LEDERLE LABORATORIES DIVISION
NORTH AMERICAN Cyanamid LIMITED
5550 Royalmount Avenue,
Town of Mount Royal, Montreal, Quebec

STERI-CARD

Indicators

FOR USE IN PRESSURE AUTOCLAVES

We will gladly supply samples and further information. Write our nearest branch office.

THE SIGNAL OF SAFETY IS GREEN

5 min. The section marked "5" changes from lavender to **green** on exposure to saturated steam at 250° F. for an interval of somewhat less than 5 minutes.

If only this section has turned **green**, sterilization conditions have not been met, regardless of the time the autoclave has been operated.

12½ min. When "12½" section turns **green**, it is proof that the area of the pack in which the indicator was placed has been subjected to saturated steam at 250°F. for 12 to 13 minutes.

Rubber goods, instruments and utensils may be assumed sterile under these conditions.

20 min. The section marked "20" turns to **green** after exposure to saturated steam at 250°F. for 18 to 21 minutes.

When all three of the outer areas are **green**, solutions in flasks, dressings or gowns may be assumed sterile.

If the center area turns **green**, the contents have been exposed unnecessarily long—this is your safety check to prevent careless handling of hospital supplies.

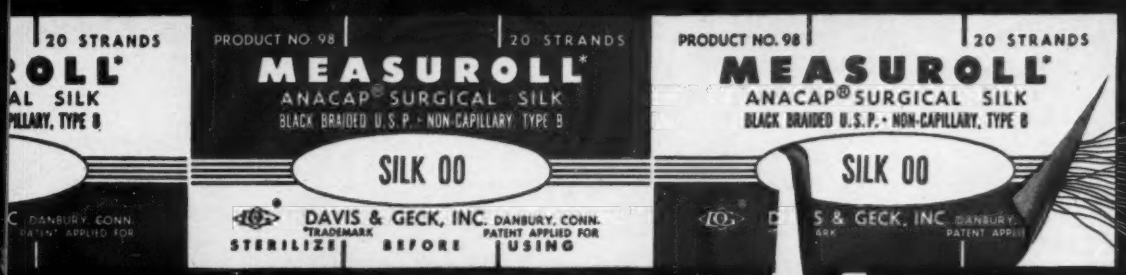
Distributed in Canada exclusively by . . .

Fisher & Burpe Limited

PHYSICIANS AND HOSPITAL SUPPLIES

TORONTO • WINNIPEG • EDMONTON • VANCOUVER

In Montreal: PIERRE MERCIER & CIE LTEE.



reduces handling

costs no more than spools

sutures always protected and identified

in tape-measure dispensing package

20 strands to cut to any length with a single snip

D&G MEASUROLL®

SILK*
COTTON

*Anacap

DAVIS & GECK INC.
A UNIT OF AMERICAN Cyanamid COMPANY
DANBURY, CONNECTICUT

RAYTHEON'S *up-to-the-minute*

Microtherm

RADAR DIATHERMY

some of the significant features of which are:

- A high degree of absorption
- Penetrating energy for deep heating
- A desirable temperature ratio of fat to vascular tissue
- Effective production of active hyperemia
- Desirable relationship between cutaneous and muscle temperature
- Controlled application over large or small areas
- Elimination of electrodes, pads and danger of arcs

Raytheon *Microtherm* Console Model CMD5 has full floating arm and Directors for treating irregular, local or large areas.

***Ask your dealer* to give you a demonstration of the modern Raytheon Microtherm, or write for complete, illustrated descriptive Bulletin, DL-MED601.**

ACCEPTED COUNCIL ON PHYSICAL MEDICINE AMERICAN MEDICAL ASSOCIATION

Approved by D. of T. • Listing Nos. 16 & 19

FERRANTI-ELECTRIC LIMITED

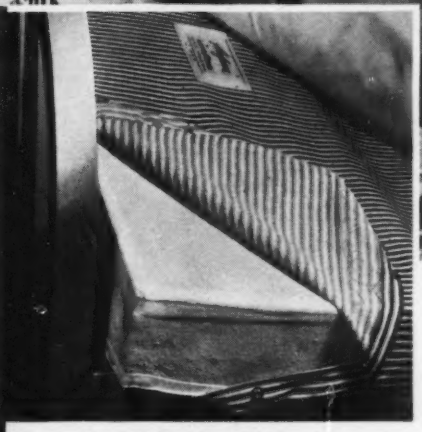
X-RAY DIVISION — TORONTO, ONTARIO

C.S.A. APPROVED CANADIAN MADE X-RAY EQUIPMENT

RAYTHEON

Excellence in Electronics

THE
MOUNTAIN SANATORIUM
(HERRIDON, ONTARIO)
USES
Airfoam
FOR COMFORT, ECONOMY
AND DEPENDABILITY



Airfoam, made only by Goodyear, is ideal for hospitals, clinics and institutions. It is sanitary, dust and lint free, is readily sterilized by sponging or spraying with mild disinfectants, has removable, zipper-type covers for easy washing and will last a life-time. Airfoam mattresses are light, easy to handle, never need turning and hold their shape indefinitely.

Airfoam mattresses give healthful, uniform support, insuring complete comfort and relaxation to the patient.

For information and specifications on Airfoam products for hospital use, contact or write—Goodyear, Special Products Division, New Toronto, Ont.

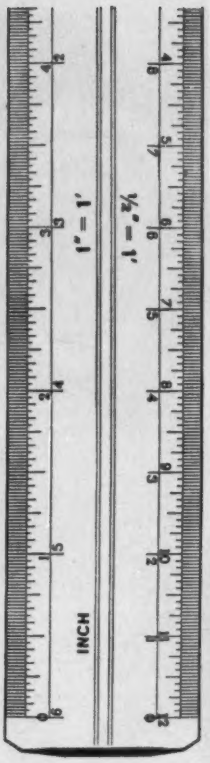
IN FURNITURE TOO, BE SURE TO SPECIFY...

Airfoam pillows too, are ideal for hospital use . . . they're a boon to allergy sufferers and will last for years and years.

Airfoam - T.M. THE GOODYEAR TIRE & RUBBER COMPANY OF CANADA, LIMITED

Airfoam MADE ONLY BY **GOODYEAR**

THE WORLD'S FINEST CUSHIONING



by any measure it's

BARD-PARKER RIB-BACK SURGICAL BLADES

and by any measure it is just as true today as when our Company was founded . . . in the purchase of B-P RIB-BACK SURGICAL BLADES you are provided with the most dependable cutting edges that modern scientific methods and *the art of accuracy* can produce . . . their performance in use is the answer to the question of economy!

Ask your dealer

BARD-PARKER COMPANY, INC.
Danbury Connecticut, U.S.A.

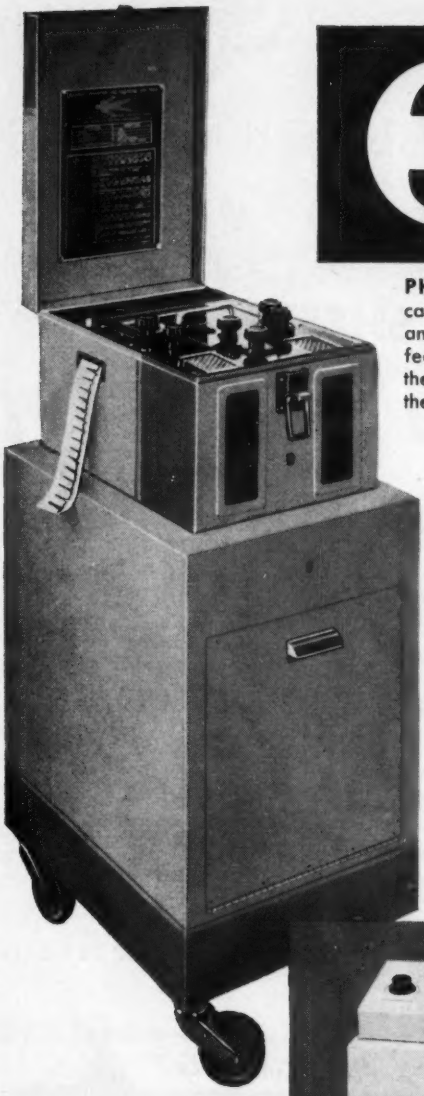
QUALITY AND DEPENDABILITY • UNIFORMLY SHARP • ENDURING CUTTING EDGES

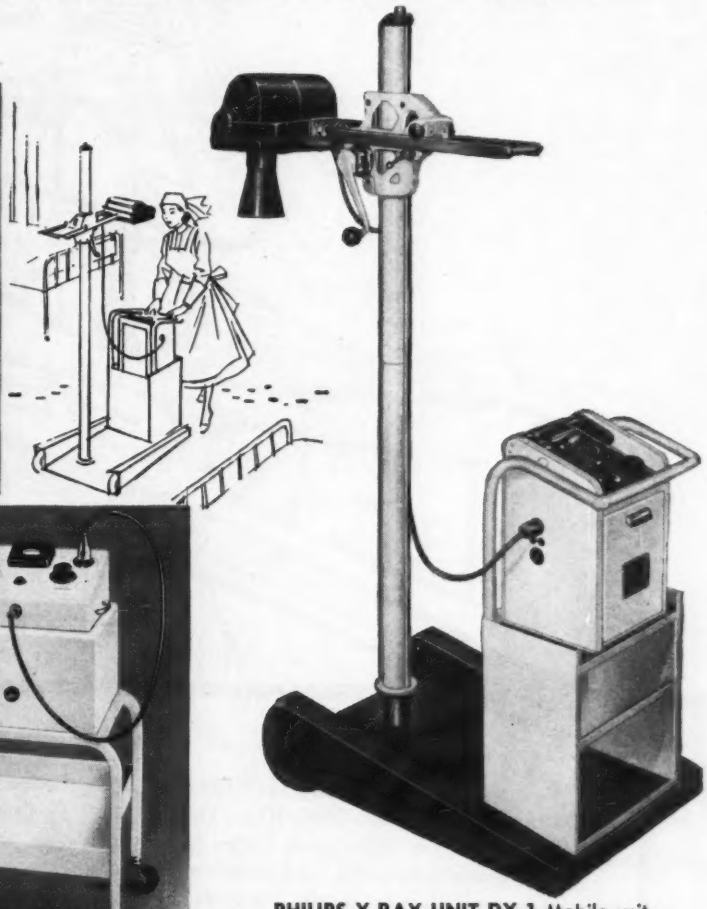
It's Sharp

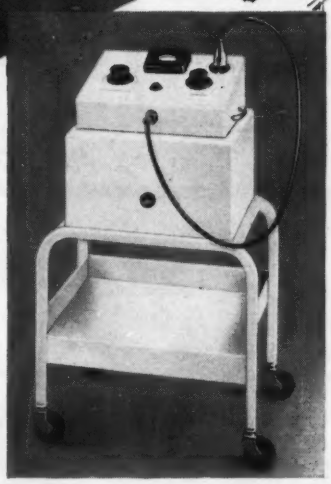
RIB-BACKS packaged in the *new* RACK-PACK eliminates unwrapping, handling or racking of individual blades. A real *time* and *labor* saver for the O.R. personnel. *In a matter of seconds* from RACK-PACK to sterilizer.

3 indispensable units

PHILIPS CARDIOLUXE Here is a portable, direct writing electrocardiograph that represents the very latest developments in both function and design. Practically eliminates A.C. interference. Philips Cardioluxe features instantaneous record, clear definition and extreme fidelity under the most adverse conditions. Its compactness and ease of operation makes the Cardioluxe suitable for both heart specialists and hospital staff.







MEGASON — ULTRASONIC UNIT This modern physiotherapy unit incorporates these features:— single knob control, direct reading meter, continuous dosage accuracy, automatic treatment timer and a natural grip transducer. Sturdily constructed for years of wear.

PHILIPS X-RAY UNIT DX-1 Mobile unit designed for years of effortless radiography. Features a compact, high power tube head, capacity up to 85KV and 15 MA, and X-ray tube with grid action for sharper pictures.

PHILIPS

serving mankind through the science of electronics

PHILIPS INDUSTRIES LIMITED (X-Ray and Electro-Medical Apparatus Division)
10 Eglinton Ave. East, Toronto, Tel. MO. 3591 — 8525 Decarie Blvd., Montreal, Tel. RI. 4-5871

Your Source of Supply

for immediate delivery

of Tex-made T.M. REG'D.

HEAVY DUTY

SHEETS & PILLOW SLIPS

—your

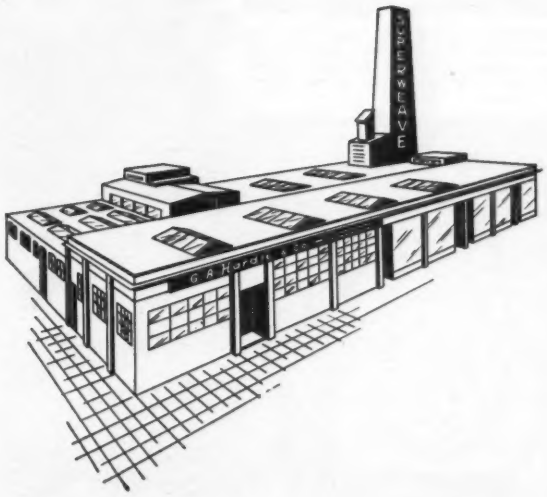
supplier

of

SUPER-WEAVE

institutional

textiles



Prompt Service — All Sizes

MEMBER CANADIAN RESEARCH INSTITUTE OF LAUNDERERS AND CLEANERS

SALES AGENTS:

B.C. and Alta.:
Wm. Cochrane & Co., P.O. Box 826, Vancouver, B.C.

Quebec Province:
Quebec Laundry Machinery Reg'd
S. A. Healy, 630 Dorchester W., Montreal, P.Q.

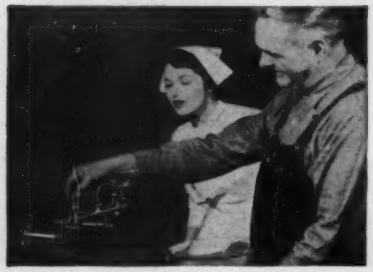
Maritimes and Gaspe Peninsula:
J. M. Jones & Son, 16 Fairview Dr., Moncton, N.B.

G. A. Hardie & Co. LIMITED

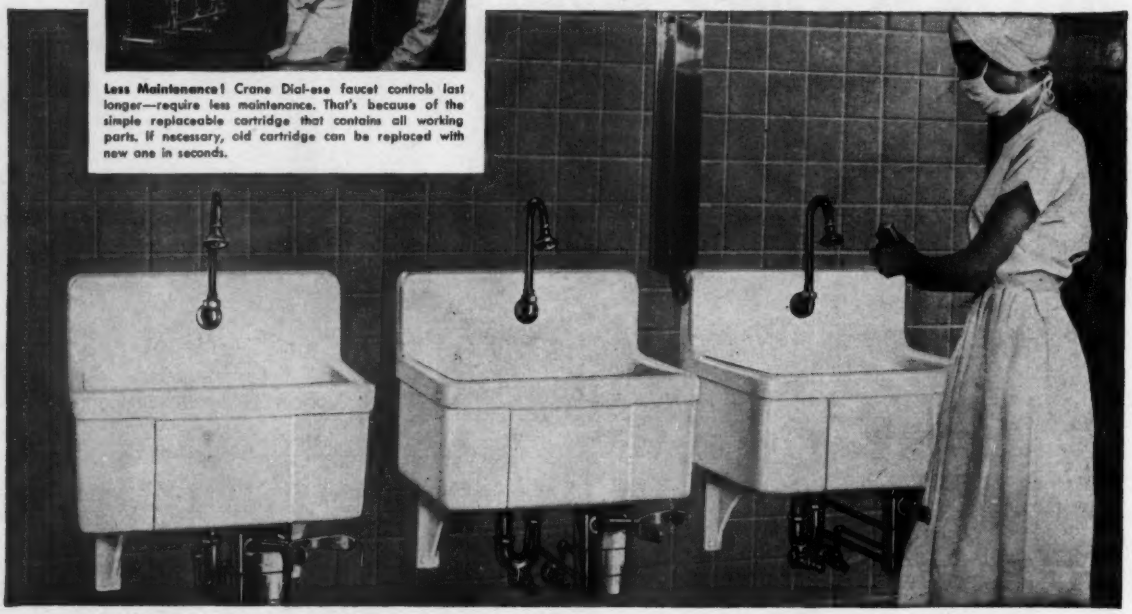
1093 Queen St. West, Toronto 3
Phone OLiver 4277

CRANE HELPS YOU SAVE NURSEPOWER

Nothing wastes more time in a nurse's day than plumbing fixtures that are too few, too far away, too difficult to operate. The right Crane equipment in the right places can save hours of nursepower every day. Designed with the help of hospital experts, Crane hospital fixtures are specifically made to meet hospital requirements. In height, size, shape, and in types of water controls, each fixture is precisely planned to eliminate lost motion, save time, make work easier. It will pay you to get acquainted with the complete line of Crane hospital plumbing.



Less Maintenance! Crane Dial-ese faucet controls last longer—require less maintenance. That's because of the simple replaceable cartridge that contains all working parts. If necessary, old cartridge can be replaced with new one in seconds.



For nurses who have their hands full (and what nurse hasn't?)

Crane knee-operated valves leave *both* hands free for those countless daily tasks at sinks and lavatories. Fitted with a combination hot and cold water control, this valve responds to the slightest touch of the knee . . . providing water that's all hot, all cold, or mixed exactly as wanted. Promotes sanitation, too. No dirt or germs pass from one pair of hands to another.

For complete information about this and other Crane specialized hospital equipment, see your Crane Hospital Catalogue or call your Crane Branch, Wholesaler, or Plumbing and Heating Contractor.

CRANE *Quality costs no more*

CRANE LIMITED 1-8433
General Office: 1170 Beaver Hall Square, Montreal
7 Canadian Factories • 18 Canadian Branches

W. Douglas Piercey, M.D., Editor

The Canadian Hospital

Obiter Dicta

Fostering Good Public Relations

RECENTLY the *Kingston Whig-Standard* reported with some pride that the Kingston (Ont.) area is becoming an outstanding medical centre and that the assurance of good medical care, in itself a community asset, has contributed to attracting new citizens and new industry. The article, which appeared under a two-line, three-column heading, then quoted the text of an address to the Kingston Rotary Club by R. Fraser Armstrong, superintendent of the Kingston General Hospital. He spoke on the development of the hospitals in the area as a part of the centre and of his own hospital in particular. Throughout his address Mr. Armstrong stressed the "partnership policy", concluding with the words: "What has been accomplished has been the result of partnership participation by government, citizens, and industry. Much remains to be done but it will become possible under the continued support of this partnership." The fact that Mr. Armstrong's address was accorded two and a half columns of newspaper space indicates not only a sympathetic press but that the editor considered hospital news to have a genuine reader appeal, when well presented. The wide distribution of such articles contributes towards a well-informed community and brings in its wake understanding and support of local hospitals on the part of all local citizens.

One would like to believe that the Kingston story is typical of all communities across Canada. Trustees and administrators, busy with day-to-day problems, may forget that their hospital is part of the community and frequently do not supply the press, radio, and interested groups with factual and accurate information. Too often the press is only approached when the hospital needs financial support for a building campaign or a balanced budget. Many have the mistaken idea that the press is interested only in sensational news from the hospital, such as details of accident cases or some unusual incident. In actual practice, newspapers *are* interested in receiving accurate news about the hospital as a community institution. Too often the press has to rely on incomplete information or even misinformation gained second hand, because hospital officials do not take time to present it to them.

Developing a public relations program should be an integral part of the management of the hospital. Good public relations entail much more than adequate publicity, the latter being merely one means of attaining the overall objective. No matter how conscious the board and administrator are of the importance of a sound public relations program, it will bear little fruit unless it is integrated with the activities of every hospital department. The entire staff—orderlies, maids, mechanics, clerks, technicians, telephone operators, admitting officers, therapists, dietitians, social workers, nurses, physicians, and the administrator—each has an important part to play.

Good hospital public relations start with good patient care. Satisfied patients are the best spokesmen the hospital has in developing sound community support. While it is not an over-statement to say that good public relations are made or destroyed in the admitting department, the switchboard, and the cashier's wicket, good first impres-

sions can be lost quickly in private rooms, wards, or wherever the patient receives treatment.

Good employer-employee relations come next. A satisfied employee will be a booster of the institution, a disgruntled one can undermine the best efforts of the public relations endeavour. The first essential is the development of a sense of loyalty and this comes only through mutual respect. Beyond this, employees need orientation, as well as education about the objectives of their hospital. They need a sense of belonging. No opportunity should be lost to see that they are made to feel a part of the institution. Personnel manuals, house organs, brochures, and annual reports are helpful media.

Then, what about visitors? True, there are usually too many of them and they are prone to overstay their time. Visitors sometimes interrupt routine and try the patience of the nursing staff. Yet when shown consideration and given proper guidance, they can become one of the most effective groups in fostering good will towards the hospital. Left on their own they frequently gather impressions which are false or misleading.

While public relations begin within the hospital, no administrator can afford to live in the ivory tower of his own institution. He must be active in community organizations. To a great degree, his hospital will be judged by the relations which he himself establishes within the community. Such groups as church organizations, high schools, women's organizations, and service clubs, should be given a proper understanding of what the hospital is and what it does. As to what the community knows about its hospital, nothing should be taken for granted. Factual information will foster good will and assure financial support—to permit the hospital to grow with its community.

Good public relations are basically good human relations—relations with people as individuals and as groups. Good manners, courtesy, and thoughtfulness for others are the foundation of good public relations which must start within the hospital itself and spread outward to the community.

Make the Twelfth of May Your Day

ONCE AGAIN, May 12th will be celebrated on this continent as National Hospital Day. This date, the birthday of Florence Nightingale, the great pioneer in nursing education and hospital aseptic techniques, has been set aside as National Hospital Day each year since 1921. This special day provides an important opportunity of focusing public opinion on hospitals, the humanitarian work they do, and their importance to their community.

Many Canadian hospitals have been observing National Hospital Day for a number of years. There are several ways in which the individual hospital or a group of hospitals can assist their communities in getting to know their hospital better. National Hospital Day can be a highlight in a public relations program and can help to create goodwill and understanding.

Some hospitals have developed quite elaborate programs as the result of accumulated experience over the years and make use of means such as open house, addresses to community groups, as well as the press and radio. Many hospitals depend on their board members and their women's auxiliary groups to take a major part in developing and presenting their special programs.

Those hospital officials who have not yet experienced the benefits that can be derived for their hospital through an active participation in National Hospital Day should make a beginning this year. Although May 12th may seem to be quite far away in the future, the time to plan your program is *now*.

C.H.A. students finish what they start

ON PAGE 46 of the February, 1955 issue of *The Canadian Hospital*, Donald M. MacIntyre, assistant director of the Canadian Hospital Association who is in charge of the Association's education program, gave a résumé of three and a half years' experience with the C.H.A. extension courses in (1) hospital organization and management and (2) that for medical record librarians. The writer reported that only 14 per cent of the students enrolled in the course in hospital organization and management in the first two years failed to complete the course. This is an exceptionally low figure for a home study program.

We believe that all provincial associations, Catholic conferences, and other active members of the Canadian Hospital Association, together with hospital personnel, will be pleased to know this. This exceptionally low casualty percentage speaks well for the calibre of the student body and the high standard maintained in selection.

Chief credit goes to the students themselves. To find time each week for necessary reading and study over a two-year period, along with a full-time occupation, is not an easy task. The fact that they do, even though it means sacrificing many other things, including giving up holidays in order to attend two summer sessions, shows that there are many in the Canadian hospital field who are desirous of increasing their knowledge of hospital administration.

The success of the extension course in hospital organization and management has been the result of teamwork among many groups and individuals. The Association itself, the board of directors, the committee on education, Mr. MacIntyre, the many people who developed the lesson material, and the many more who mark papers and lecture at summer sessions—all of these and many others will take pride in the success of this project. Undoubtedly the extension courses in hospital organization and management and for training medical record librarians are filling a great need in the Canadian hospital field. The students individually and their respective hospitals are to be congratulated.

Successful venture in Manitoba

Report Accounting for Small Hospitals

Robert G. Goodman, C.A.,
Executive Secretary,
Associated Hospitals of Manitoba
Winnipeg, Man.

AT THE beginning of 1954, the Associated Hospitals of Manitoba were able to launch a project in accounting, designed for the use and benefit of the smaller hospitals in Manitoba. This project, given the name of "Report Accounting", could be termed a "method to assist small rural hospitals in accounting and reporting procedures through a centralized accounting office". I should like to outline some of the reasons for and the history of the program and to explain the methods we are using, together with our aims and objectives.

There are similar or comparable co-operative programs either in operation or being contemplated. A "Mail Me Monday" or "Mail Me Tuesday" service is provided by accounting firms in various parts of the country to small private businesses. However, our program in accounting is quite unique in the hospital field in Canada.

How did the project start?

The original concept or idea of the service in accounting, now termed report accounting, was not something born and developed in a short period of time in our province. For some years, the Association has been aware of the need for improvement in the standard of accounting and reporting procedures in our hospitals. Most hospital associations in Canada and the United States, through their development of accounting manuals, frequent institutes, and personalized instructions and assistance, are doing a great deal toward this end. Accurate data for negotiations with government and other third party agencies have become more and more imperative. In addition, the present-day economy, in hospitals as in all other fields, has seen the advent of a great multiplicity of the various forms and documents required by governmental and other agencies.

In 1945, the Government of Manitoba introduced the Health Services Act to encourage the establishment of hospital and medical services in areas hitherto unable to provide them from their own resources. The Act anticipated the formation of hospital districts, each to include a general hospital with the required professional facilities; and, in addition, a series of medical nursing units within a 20- or 30-mile radius to provide emergency and maternity treatment as well as to act as clearing stations for patients requiring more than minor operative care. This resulted in a number of small hospitals ranging in size from 10 to 50 beds, with a few as small as seven beds.

Although the Act may have envisaged the assumption by the general hospitals of the required administrative duties, the many smaller units developed with virtually complete local autonomy. The general hospitals could not provide, nor were they asked to provide, this assistance. Further, these small hospitals could not, and cannot, economically provide the facilities to carry out the administrative functions which are required of them.

Five years ago, the Association took its first step toward assistance to the small hospital by employing a full-time secretary, trained in accounting. Experience showed that a broader basis of assistance was most desirable for the smaller hospital. After further study, the present plan was evolved. The plan, as it is now constituted, was conceived some two years ago.

Advantages of Report Accounting

Financing a project of this nature was the first major consideration of the Associated Hospitals of Manitoba. It was realized that the hospitals must ultimately carry the cost of the plan but the few willing to enter the project at its outset could not carry the excessive costs which would be entailed. As a result, the W. K. Kellogg Foundation was approached for assistance. The Foundation agreed to assist the Association for a period of three years; after this time it is contemplated that enough hospitals will be enrolled in the plan to make the project financially feasible.

In our opinion, the plan can have many advantages:

1. Hospitals can employ trained accounting personnel on a co-operative basis.

2. The board of trustees is better equipped for the administration of the hospital.

3. Accumulated cost reports and statistical data are available for submission to governmental and third party agencies for negotiation purposes.

4. The essential part of the accounting administration is no longer the responsibility of the hospital staff. In this connection, it is believed that very few small hospitals can employ staff who are able to perform these accounting duties satisfactorily and, in many cases, the matron or the part-time secretary is the one who is responsible for these services. Therefore, assistance in this way can result in a saving of their time. In some cases, there can be a financial saving through a reduction or re-allocation of staff.

5. The last, and possibly the most important advantage, is that the hospitals participating in the project have a uniformity of method in their accounting.

Accounting Procedure

The report accounting project does not represent a complete assumption of all accounting duties in the hospital. Certain phases must, of necessity, remain in the hospital. The recording of income and receipts, as well as the daily recording of patients' accounts, remain the responsibility of the hospital's staff. This portion of the accounting is reported to the Association on a monthly summary form. In addition, there is a form for listing expenditures and monthly summaries

to record deposits and cash expenses. These are forwarded together with all invoices for the month to the central office. All the information is checked in the central office and recorded, by machine accounting, on the hospital's individual records. Copies of each record are submitted monthly to the hospital. In other words, there is a duplicate set of books—one remains in the central office and the other copy is placed on the hospital's files. Monthly financial statements are submitted to the board of trustees detailing operations for the month and the year-to-date. Basic statistical analyses, with a break-down of costs are included. Quarterly grant applications are filed with the provincial government and it is contemplated that the annual reports to the provincial government will be completed largely by the central office. Annual financial statements, of course, will be made to the boards of trustees. The plan will endeavour to provide a budget for the ensuing year, together with a cost analysis and comparative studies, for each hospital participating in the project.

The staff at the present time consists of two persons working full-time on report accounting, in addition to the help the Association staff can give. A chartered accountant is engaged in the scrutiny of accounts, preparation of statements and reports, as well as in the general operation of the program. An accounting machine operator works on a full-time basis. It is now apparent that additional staff will be required in the near future. One person trained in accounting will be needed to assist in the preparation of accounts and financial statements in order that the proper amount of time can be devoted to periodical visits to each hospital.

When the project was originally proposed to Manitoba hospitals, the response was very gratifying. About 20 hospitals indicated their immediate willingness to participate. A starting number of eight was selected, the hospitals ranging in size from seven beds to 42 beds. Since that time, additional ones have been added, most of which entered the project on July 1st, 1954. A total of 17 hospitals are now receiving this service, with indications that more will wish to enroll during this year.

Our Experience

Our experience to date, while obviously not conclusive after one year, has indicated that most of the reasoning behind the establishment of the program was sound. The boards of trustees were not receiving sufficient information and uniformity of method was lacking in many of the hospitals. We believe that the program can result in financial savings to some of the medium-sized hospitals, through a reduction of staff and re-allocation of duties. By assuming the responsible portion of the accounting work, the project assures a continuity of method in the hospital. We are convinced also that the plan is not only feasible for the very small hospitals but is practical in the slightly larger institutions as well. I am not prepared, at this time, to indicate the maximum size of hospital which can be serviced by a project of this type; but it appears to us that the larger institutions can benefit from this service. As we had contemplated, there are certain administrative problems. Some hospitals

(Concluded on page 98)

Remember National Hospital Day, May 12th

As a fitting finale to the National Hospital Day Forum sponsored by the Toronto Hospital Council last May 12th, the lovely tableau, pictured above, was presented. Beverley Lawrence of the Ontario Hospital Association portrayed Florence Nightingale and the students are from the University of Toronto School of Nursing. A choir of nurses from various Toronto hospitals sang the "Lord's Prayer" as the dramatic "portrait" was unveiled. The program took place in Convocation Hall at the University of Toronto.

A Psychiatric Unit in a General Hospital

Lebert Harris, M.D.,
W. A. Tillmann, M.D.,
Co-directors,
Psychiatric Unit,
St. Joseph's Hospital,
London, Ont.

THE DEMANDS placed upon the general hospital by ever-expanding medical science and the needs of mushrooming communities require continuous and dynamic thinking on the part of hospital superintendents and physicians. One of the needs that is more and more in the foreground of our thinking is the active treatment unit for emotional disorders. A unit for this purpose is now functioning at St. Joseph's Hospital in London, Ontario. This unit has been in operation for over a year, although the buildings were officially opened on April, 23rd, 1954.

Physical Lay-out

The department of psychiatry is housed in the new Marian wing of the hospital. This east wing, which is of recent construction, contains five storeys in addition to a ground floor. The department occupies the ground floor and the second and third floors of this wing. The unit was designed with full consultation between the architect, the psychiatrists, and the hospital authorities, who kept in mind the functioning needs of such a treatment centre. The ground floor of the unit consists of facilities for a full-scale treatment program for out-patients, as well as an observation ward for acutely disturbed patients. The out-patient department has adequate facilities for a receptionist, a record room, consultation rooms, a three-room office suite for the two psychiatrists, who are the co-medical directors of the unit, and their secretary. There are also offices for a psychiatric social worker, a clinical psychologist, as well as a large conference room. The electric shock room has adjoining recovery rooms and a three-bed observation unit with its chart desk and utility room.

The *décor* of this ground floor is comfortable and casual, with a studied attempt to provide warmth in the colouring schemes. Except for the three-bed observation unit, there are no in-patients regularly occupying this space. This part of the building has free access to the street and to the rest of the hospital.

The second floor is easily reached by two stairways and an automatic elevator, the latter opening near the nurses' chart desk. There is a small drug room behind this and opposite there is a large, well-lighted and decorated free space which serves variously as a cafeteria-style dining room and card room for the patients. An interesting feature of the design of the second floor is that all of the patients' rooms are located on the south side of the building (with the exception of one semi-private room which is on the north) to provide the maximum light. On walking into any of the rooms, one is immediately impressed by its brightness and airiness. Each room is decorated in at least two colours, with matching drapes and furniture. The spacious four-bed ward can be divided off, so that there is privacy for each patient. A larger six-bed ward is designed in a similar fashion. The four private rooms have a connecting washroom between each pair of rooms. The occupational therapy department is fully equipped with work tables, looms, wood-working equipment, et cetera. Regular classes are conducted by a registered occupational therapist for all the patients, in both the morning and afternoon.

On the north side of the building are two office suites (each consisting of a consultation room and examining room), a fully equipped kitchen, utility rooms, a large washroom, and lockers for patients' clothing. The chart desk is so stationed that the nurse on duty has a full view of the complete floor. The third floor is identical in its physical organization, except that instead of an occupational therapy room, there is a large recreation room with built-in bookshelves, radio and record player, television set and piano, as well as many tables set up for games. In here, the patients are free to choose recreation according to their own interests and also to entertain their visitors.

A further interesting feature of the functioning of this unit is that there are no special rooms designated either for men or women. The sexes are not on separate floors though, of course, the multiple room set-ups are reserved for one or the other. Of some importance, also, is the fact that both floors are freely accessible through connecting swinging doors to the main body of the hospital and there is no confinement of patients to their rooms on either of these two floors.

Type of Treatment

It is the general policy of the medical directors to accept for admission to this unit all patients who in their judgment would be most likely to respond to active psychiatric treatment. This includes practically all the psychoneurotic disorders, most psychosomatic conditions, and ambulant psychotic conditions, except those of the senile category. The observation unit accepts more acutely ill people with psychotic conditions who are often amenable to quick, early treatment without the necessity of institutionalization.

The cornerstone of treatment in this unit is intensive psychotherapy; therefore, most patients are seen at half-hour interview sessions, approximately five times per week during their hospital stay. The general outline of the therapeutic approach is the so-called "total push" method which includes sub-coma insulin, electric convulsant therapy where indicated, hydrotherapy, occupational therapy, contact with the social worker, and the clinical psychologist. There is also a broad group therapy program for both in-patients and out-patients.

It was decided early during the planning stage of this unit that it would be necessary to have the psychiatrists in full-time attendance. Therefore, as was mentioned earlier, it was decided to incorporate offices for the attending psychiatrists of the hospital where they would conduct their

(Concluded on page 106)

A splendid sentinel

l'Hôpital Maisonneuve

ON THE north-eastern outskirts of greater Montreal rises the splendid l'Hôpital Maisonneuve where no hospital stood before. It is thirteen stories in height, with five wings fanning out from a central service core, the back wing running to only five stories. Built of concrete and steel, the structure has pale cream brick facing, with marble trim in the main entrance hall. The hospital, which has a bed capacity of 480, is owned and operated by the Sisters of Charity (Grey Nuns of Montreal) and has been named after Paul Chomédy de Maisonneuve, the founder of Montreal. The motto which appears on the hospital's crest is in keeping with the work of the Grey Nuns wherever they serve: *Dei sumus ad adjutores.* The sisters present are all registered nurses but of the total personnel, estimated at 500 when all wards are in use, about nine-tenths will be lay nurses and others. The hospital was officially opened in June of last year.

Aerial view of l'Hôpital Maisonneuve, with nurses' residence at the right.

The four lower floors are given over to the usual requisite services. On the first floor, one wing contains the administrative offices, accounting division, and the patient admission area; another houses the social service, the emergency, and out-patient department; there are numerous consulting rooms and offices for the use of physicians, as well as nursing administration offices, accommodation for chaplains, and a large, airy pharmacy. The latter is a special feature of this hospital and it is presided over by a full-time graduate pharmacist who has two assistants. It is marked by banks of Schwartz cabinets for medications which, like the other furnishings, are in pale blonde wood.

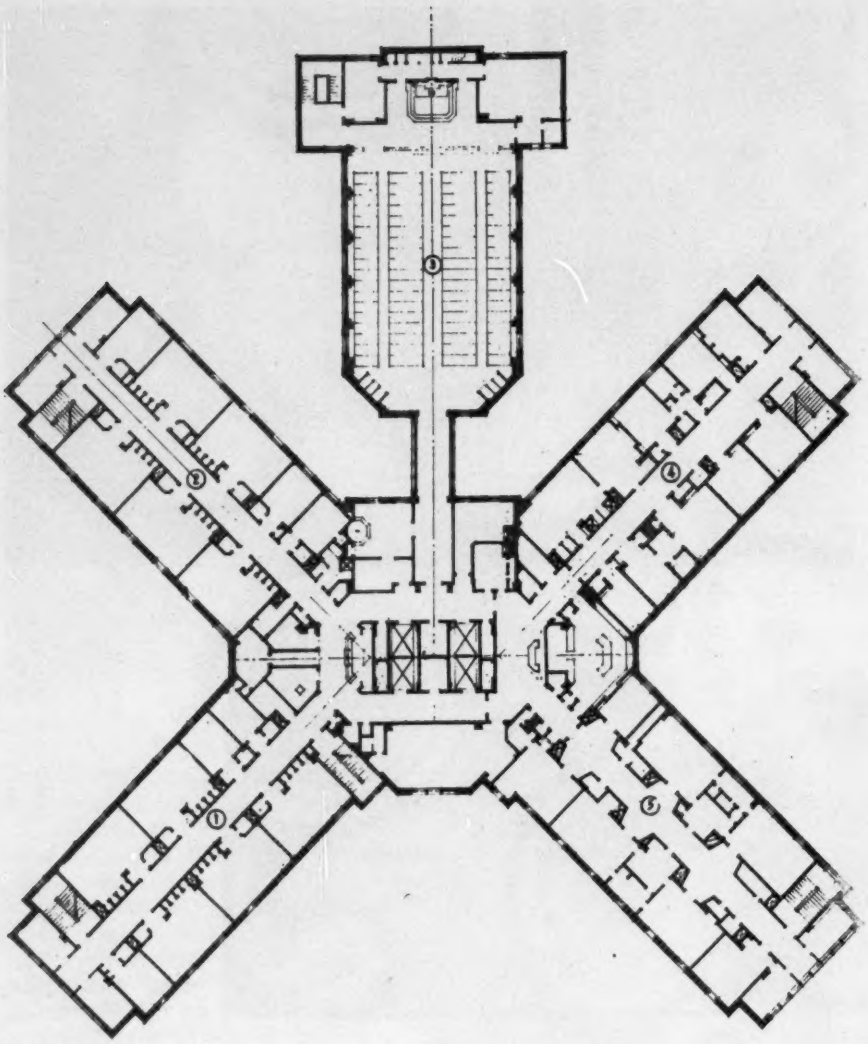
On the ground floor, with windows over-looking the sweeping lawns, is the modern dietetics department, sections of which can be seen in the accompanying photographs. There is a large and attractively decorated cafeteria and, because the hospital is quite a long way from the city, a dining room for visitors has also been provided. This floor also contains locker and rest rooms for doctors, nurses, and other employees, and here, too, is the office of the director of personnel. The basement space is devoted to storage, purchasing, the post-mortem examination laboratory, and a large

Imposing entrance to the cream-coloured building.

Sister Rachel Tourigny, administrator.

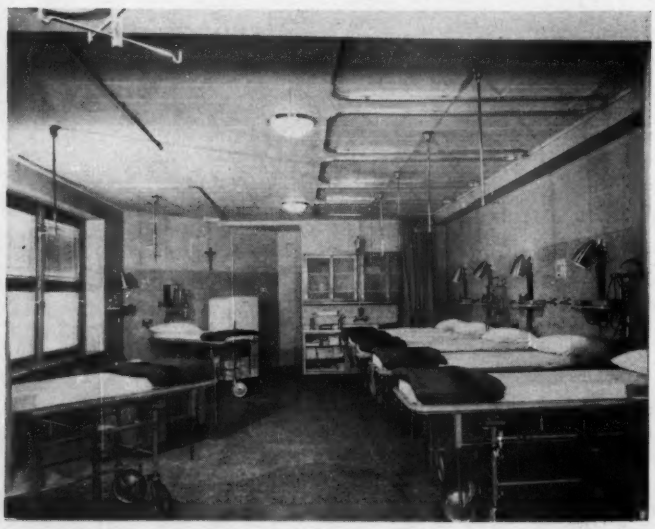
Gay homespun material is featured in patients' rooms.

Architects:
Gascon and Parant,
Montreal



Third Floor

1—Patients' wing
2—Patients' wing
3—Chapel
4 & 5—Operating rooms and recovery area.



The specially-equipped recovery room for post-operative care.

up-to-date laundry, which is ample for the hospital's needs .

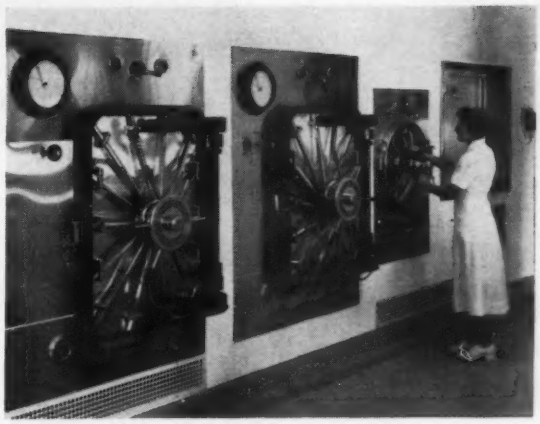
A most complete radiology department occupies two wings of the second floor and is in the charge of a full-time radiologist who has been provided with spacious office quarters. A full-time pathologist heads the clinical laboratories in another arm of this floor and the hospital is served by the blood bank of the Canadian Red Cross Society. Here, too, is the central supply division in which the large sterilizing units can be adjusted by a control panel at a little distance from the actual machines. The "Fenwal" system of flasking sterile water has been installed. On this same floor is the medical library, medical record rooms, and a large auditorium with a seating capacity of approximately 450 which will be used for lectures and other educational purposes.

Immediately above these ancillary departments are the operating rooms, numbering 13 in all, and one of which has been wired for television. A large ward nearby is a recovery area which can accommodate 14 patients. Specially trained nurses are on duty here to care for patients during the post-surgery period before they are returned to their own rooms.

For Rooming-in

One whole floor, the 7th, is given over to obstetrical patients and nurseries and the hospital encourages the rooming-in system for mothers and babies. One ward of 13 private rooms on the 6th floor is designed especially for this purpose. A corner of each room has a glassed-in cubicle to accommodate the baby and all its accoutrements. The baby can be wheeled out to the bedside when the mother wishes but even when it is in its own little room it is under the mother's observation.

Situated in the upper three floors of Hôpital Maisonneuve is the Institute of Cardiology of Montreal which is designed to carry on research, diagnosis, and treatment of diseases of the heart and arteries. This section



Above: Autoclaves in the central sterile supply.

Centre: Central sterile supply area.

Below: The well-lighted biochemistry laboratory.

has special operating rooms, research laboratories, and beds for 42 patients. Public health authorities hope that here skilled scientists will develop new techniques which will make a contribution to medical progress in this field.

A modern two-way communication system serves the whole hospital. The nurse from her station can speak with the patient, thus saving many steps; the doctors' call system is part of the over-all one; and all major departments are thus connected. Even a student nurse who may be ill in the residence nearby can listen to lectures from her own room.

New Nursing School

Because the hospital is entirely new, it was necessary to build a nurses' residence at the same time. This building, shown at the right in the aerial view, is connected by tunnel to the hospital. Standing seven stories high, the combined school and residence has accommodation for 210 students and each one has a room of her own. With no traditions to break, it was possible to establish from the beginning another pilot course of study which it is hoped will bring advances in nursing education. The curriculum is somewhat similar to that of the Toronto Western Hospital School of Nursing in that two years of intensive study, together with clinical experience, are followed by a one-year internship. There are monitors sufficient in number to guide the students during their first two years.

It is noteworthy, also, that the time devoted to instruction in psychology, sociology, mental hygiene, professional and moral ethics, is greater than that provided in the curriculum of the average school for student nurses. Both students and instructors, as well as Sister Annette Dion, director of nursing, show great enthusiasm for the new course of study.

The architects for this excellent new hospital and nursing school were the firm of Gascon and Parant of Montreal and the contractors were Guay and Frères.

Above: Chefs work in bright, spacious kitchen.

Centre: Staff receive meals, cafeteria-style.

Below: The central tray service for patients.

Honour Thy Housekeeper

Ruth Crawford,
Executive Housekeeper,
Calgary General Hospital,
Calgary, Alta.

KEEPING a hospital clean is a subject of growing importance. It is one goal of every hospital, whether large or small. A clean hospital is a necessity if all departments working within the institution are to function with the maximum of efficiency and success. Hospital housekeeping is a highly specialized and an extremely important function. Both literally and figuratively, cleaning reaches into every corner of the hospital, every floor, every department and your executive housekeeper must know and understand some of the administrative problems of each department.

When we are cleaning rooms at our hospital we like to do a thorough job. To accomplish this we like to remove the patient and the furniture from the room. Then we vacuum the drapes, wash the walls, and scrub the floor and wax it. Here we face a problem. Some patients enjoy getting out into the corridor and seeing the activity there; while others don't wish to be disturbed. One patient once remarked, "Here I am paying all this money for a private room—why should I be moved?". The problem was brought up at a meeting of the head nurses' which I attended. It was thought to be just a case of preparing the patient and explaining to him the reason why he should be moved.

The most vital factor in the successful operation of the housekeeping department is the right attitude of the administrator toward this particular department. Does your administrator consider the housekeeping department to be a non-expense, non-revenue producing department? Is it considered a liability or at very best a necessary evil? Or has the administrative staff come to realize that the housekeeping department, if given the opportunity, has the power to build the prestige of your hospital within your community? Good housekeeping will encourage admissions to your hospital and hence become, indirectly, revenue producing. Some people think that indirect selling is too nebulous. However, from personal experience as home service director of a large business firm, I know that 75 to 90 per cent of the company's business came as a result of indirect selling. Always remember that today's profits are but the ripened fruits of yesterday's good will.

From an address presented at the annual convention of The Associated Hospitals of Alberta, Banff, Alta., June, 1954.

Evolution

The evolution of housekeeping from the stone age to that of the skyscraper era is very interesting. In the stone age, housekeeping was non-existent. The caves were smoke begrimed and foul, as housekeeping had not as yet entered into the economy of women. However, in virtually all primitive tribes the women performed all the household tasks necessary to keep the family fed, clothed and physically comfortable. As homemaking arts progressed, women learned more about how to house, feed, clothe, and care for their families and the sick. They became the doctors, the nurses, the grinders of wheat, the spinners of yarn, makers of clothing, laundresses, and educators. With the passing of time every one of these tasks has been developed into a profession or trade; thus, the doctor, the nurse, the dietitian, the miller, the manufacturer, and last of all, the housekeeper. The housekeeper now is being given professional status.

In the days of Byzantine Rome, the woman of the house appeared to be much more important than the man. She was an admirable housekeeper, sparing no pains to have the household well managed and properous. This was also true in the days of feudal England. The lady of the manor was responsible for instructing the maidens, entrusted to her care, in all the domestic accomplishments, as well as in polite attainments. She was responsible for obtaining provisions and clothing for very member of her family and all the servants. Up to feudal times, housekeeping had been done by the woman of the home within her own home. But, somewhere in this time, it became both desirable and necessary that women should adapt their talents for homemaking to serve homes other than their own. Thus we find by the time the colonies were established in America, a surprisingly large number of white women were earning their livelihood by supervising the work of the bond servants and the slaves in many a southern mansion. The early 19th century saw the beginning of the commercial hotels, but not until the twentieth century did administrative housekeeping begin to emerge as a specialty in its own right.

In 1910, Charlotte A. Aitken wrote a booklet entitled *Hospital Housekeeping*. It explained the fine points of institutional housekeeping and was addressed to hospital matrons since they were assigned the responsibility of keeping hospitals clean and orderly. Housekeeping and nursing were originally both household arts and it seemed logical that the nurse should also be the housekeeper. This condition continued to exist until both tasks became so complex that one person could no longer handle them. Today modern progressive hospitals throughout the United States and Canada are establishing housekeeping departments with qualified persons to administer them. She or he, for there are several men in the field, is called the executive or administrative housekeeper. This executive housekeeper has been brought from the dim, shadowy reaches of the back of the house and has been brought up front on equal footing with his or her fellow department heads.

You may be asking, "Why this change of mind and awakening to the importance of housekeeping by hospital administrators?". We are witnessing the greatest revolution within our hospitals which has taken place in the past 50 years. Today everything is geared to the times—for efficiency, speed, comfort, and serve yourself. In some large cities drive-in banks are becoming popular. In many stores people

serve themselves by selecting items from the shelves and racks. In the past, patients upon entering a hospital were treated more or less as if they were children and were given a number as identification. Too often expensive equipment, which was seldom used, was bought for professional personnel, while the comfort of the patient was ignored. Today hospitals are being built, furnished, and decorated for the benefit of the patient and his family.

When a person is hospitalized he becomes more important than ever to his family and his friends. It is at this point that housekeeping can make its priceless contribution to the public relations program of your hospital. First impressions are formed—favourable or otherwise when people enter an institution. They are able to judge the merits of housekeeping whereas the mystery involved in the more scientific skills of the doctors, the x-ray or the laboratory technician, cannot be evaluated immediately. Therefore, the front-door impression on the community is very important.

In the United States hospitals form a large portion of the national economy and a similar situation exists in Canada. Yesterday, the hospital was a place in which to die. Today it is a place in which to get well; and tomorrow it will be a place in which to stay well. More lounge space is needed today, since more ambulant patients are treated today than bed-patients. The average stay in hospital today is seven to eight days, not too long ago it was 15 days. Hospitals can no longer exist in ivory towers—the community wants to learn more about them. Newspapers are a good source of publicity. If you don't release information to the public you are like the man who winks in the dark. You know what you are doing but nobody else does. Since it is the well people and not the sick people who support the hospital, the housekeeping department must create an atmosphere of friendliness and warmth to greet the public as they step within its doors.

Executive Housekeeper's Role

We have considered the modern hospital and the vital role played by housekeeping. Now let us look at the executive housekeeper who heads up one of the largest departments in the hospital. What are her responsibilities and what qualifications should she have? She must be a person of intelligence, tact, and poise. She must be willing to accept responsibility for the cleanliness of the institution. She must co-operate with the other department heads and, here is an important point, she must be willing to accept new ideas. If new ideas aren't sought constantly, old ideas become opinions and an opinionated person is hard to work with. Here is the attitude which kills new ideas "Oh, we have done that for 20 years. You can't change it, it won't work, I tell you it won't work". So, the executive housekeeper must be willing to accept new ideas and try them to find out if they will work. In the world in which we live changes are so rapid that it is difficult enough to keep up with them, without clinging to ideas of 20 years ago.

The executive housekeeper must be fair in all her dealings with subordinates. She must give attention to many details. She must be alert to detect evidence of uncleanliness and waste of materials. Considerable initiative and judgment must be shown in selecting new equipment and supplies; in developing training standards and procedures; in selecting new employees, and in developing a training program. To qualify for the position of executive housekeeper a college or university education in home economics, including courses in housekeeping, chemistry, general science, and textiles, is desirable. Teaching ability is also a great asset, in that it helps to formulate and carry through an on-the-job training program.

Only now is administrative housekeeping being recognized as a profession and is being given equal status with other departments. Thus the question could be asked, where is it possible to receive training for a position of such responsibility and magnitude? At present there are courses given in hospital housekeeping in Boston and at Michigan State College, East Lansing, Mich. I was fortunate enough to have had the opportunity to take the latter course, which I found to be of real interest and value. The course is sponsored yearly by the American Hospital Association and the students in attendance were drawn from various parts of the continent including Alaska, the Carolinas, California, New Hampshire, and Massachusettes. They came from all walks of life. There were administrators, personnel managers, home economists, teachers, and one nurse who had been an operating room supervisor. Some doctors and administrators, in the United States, place such importance on their housekeeping departments that if they move to another hospital they take their executive housekeeper with them.

Housekeeping Course

A brief review of some of the highlights of the housekeeping course, given at Michigan State College, East Lansing, might be of interest here. First of all, we had an excellent course in effective communication. In eight weeks, this study seemed to accomplish nothing short of a miracle. It was designed to aid the executive housekeeper in giving a clear, concise, and accurate transmission of information and ideas. We were given four assignments in public speaking during the course. Some of the students had never spoken in public before and were extremely nervous. By the time the course was over, there was a tremendous improvement in everyone.

During the course we also received information on how to build a public relations program. Public relations is the oil that lubricates and smooths out any misunderstanding between the institution and the public. To be effective a public relations program must be rooted in a human relations program and we were given some pointers on how to build a human relations program. First, we must know more about the employee as an individual. Secondly, know something about the employee's basic drives and recognize his need to be justly treated as we would our own. We must recognize his need to be in a situation which he can understand. The need for personal recognition must not be overlooked. If the employee does a good job, tell him so but let it be a good job before you tell him. The employee must feel a part of something big and significant. As hospital people, we have one of the most important tasks in our community entrusted to us. The employee is part of the team that is striving to accomplish this task.

Thus in a human relations program we must become an eraser. We

(Continued on page 84)

Montreal Disaster Institute Stresses Co-operation in Planning

DELEGATES TO the first hospital disaster institute to be held in the province of Quebec assembled in the Laurentian Hotel, Montreal, on January 24th and 25th. This particular institute was for English-speaking hospital personnel, and one for French-speaking people will be held shortly in Quebec City. The Montreal disaster institute was the fourth of its type held in Canada, previous ones having been held in Victoria, B.C., Halifax, N.S., and Hamilton, Ont. (see *The Canadian Hospital*, June, 1954, and January, 1955.)

Disaster plans were presented by St. Mary's Hospital, Montreal, and by the Barrie Memorial Hospital, Ormstown (see page 46). Some 28 hospitals were thus afforded an excellent opportunity for close study which will assist them greatly in the development of their own plans. Each hospital was represented by its administrator, chief of medical staff, and director of nursing.

A highlight of the meeting was an actual demonstration of the St. Mary's plan which was presented at the hospital on Monday evening. It provided delegates and officials of the hospital with an ideal opportunity to test the plan in operation. Very realistic looking casualties, made up under the direction of Margaret MacLaren, superintendent-in-chief of the St. John Ambulance Association and Richard Bingham, director of the Civil Service Civil Defence, were received at the hospital, given triage, and forwarded to the various receiving areas within the hospital according to the nature of their disability. The delegates were also afforded the opportunity of visiting the civil defence headquarters of the city of Montreal where details of operation were explained by guides.

Each delegate was provided with a copy of the disaster plan of St. Mary's Hospital and of the Barrie Memorial Hospital. These plans had been carefully prepared beforehand and were well arranged by sections for quick reference. Each plan outlined the policies the particular hospital intended to follow in such an emergency and covered the general layout of hospital buildings and grounds, routes of evacuation of patients, plans for the expansion of beds, reception areas, triage and treatment of disaster casualties, co-operation with local municipal and civil defence organizations, notification of hospital staff, control of traffic and visitors, press relations, emergency supplies, feeding of casualties, and related sections. An essential feature of both plans was the inclusion of prepared sketches of all areas of the hospital and grounds concerned.

George J. Bartel, administrator, led in the presentation of the St. Mary's Hospital plan, which consisted of 85 type-written pages. He was assisted in the presentation by D. A. Robertson, administrative resident, Dr. M. I. Seng, chief of medical services, Dr. H. S. Dolan, chief of surgery, Dr. G. J. Cassidy, chief of medicine, and Sisters Felicitas and Maureen, regarding nursing services. The plan outlined how St. Mary's Hospital would handle a sudden influx of casualties. With an ordinary complement of 250 beds, as a result of their planning they are prepared for a maximum of 373 bed casualties. This will be attained in four stages :(a) evacuation of patients already in hospital, which will provide 181 beds; (b) increasing number of beds in existing wards to provide 114 additional beds; (c) using certain areas in the nurses' residence (78 beds) and use of their seventh hospital floor (38 beds). The figure of 118 evacuated hospital patients has been arrived at after several surveys which have shown that on different days this varies from 60 to 80 per cent of adult patients who could be evacuated to their homes, other institutions, or nursing homes. St. Mary's Hospital has determined by trial practices that, with the type of evacuation plan they have worked out, these patients can be evacuated from the hospital to a nearby church basement on the grounds of the hospital in approximately thirty minutes.

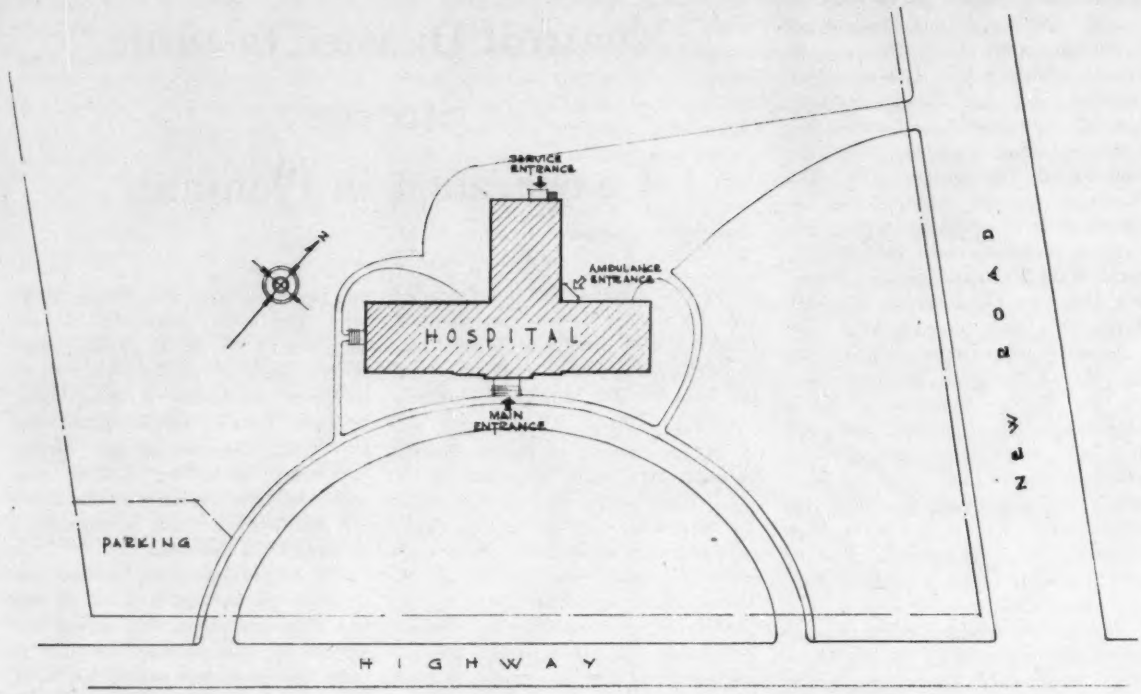
The Barrie Memorial Hospital plan showed how a small hospital would function in a civilian disaster. The plan was based on the reception of a maximum of 75 casualties. Like St. Mary's plan, this objective would be reached by evacuation of existing patients, rearranging wards, and setting up extra beds. The Barrie Memorial plan was presented to the delegates by Dr. M. R. Stalker, chief of the medical service, Dr. J. A. Davidson, medical services, Mrs. Kenneth Younie, administrator, and C. V. Curtis, business manager. Among the many interesting sketches presented by this hospital was one showing the "alert", which is reproduced on page 47 of this issue.

The second day of the institute was spent in discussing, first of all, the two plans submitted. The group was divided for this purpose—administrators, physicians, and nurses. Dr. K. C. Charron of the Civil Defence Health Services, in addition to acting as chairman of the institute, also acted as technical advisor to the discussion groups, along with Dr. G. E. Fryer and Evelyn A. Pepper, both of the Civil Defence Health Services, and the executive director of the Canadian Hospital Association.

On Tuesday afternoon, reports from the three groups were presented and Miss Pepper led a discussion on "Keeping the Disaster Plan Functioning". Nurse planners for civil defence, she reported, first entered the nursing education field in 1952 when 28 nurses were selected to attend courses in "Nursing in ABC Warfare" being presented by the Atomic Energy Commission of the United States. Subsequently, a Canadian manual on *Nursing in ABC Warfare* was written. This manual has provided the basic information on the principles of civil defence and the nursing aspects of ABC warfare to instructors in the approved schools of nursing of the five provinces where this material is incorporated in the basic curriculum for student nurses. Civil Defence Health Services are responsible for keeping the original nursing manual up-to-date and some sections are being revised at present for the information of instructors.

(Concluded on page 82)

Barrie Memorial Hospital, Ormstown, P.Q. →



The 60-bed Barrie Memorial Hospital was opened in 1951.

This is a résumé of the disaster plan of the Barrie Memorial Hospital, presented at the Disaster Institute, held in Montreal in January.

How a small hospital has prepared

THE BARRIE Memorial Hospital, situated in the village of Ormstown with its population of 1,500, has a total capacity of 60 beds and 14 bassinets. The disaster plan is based on a maximum of 75 casualties requiring hospitalization.

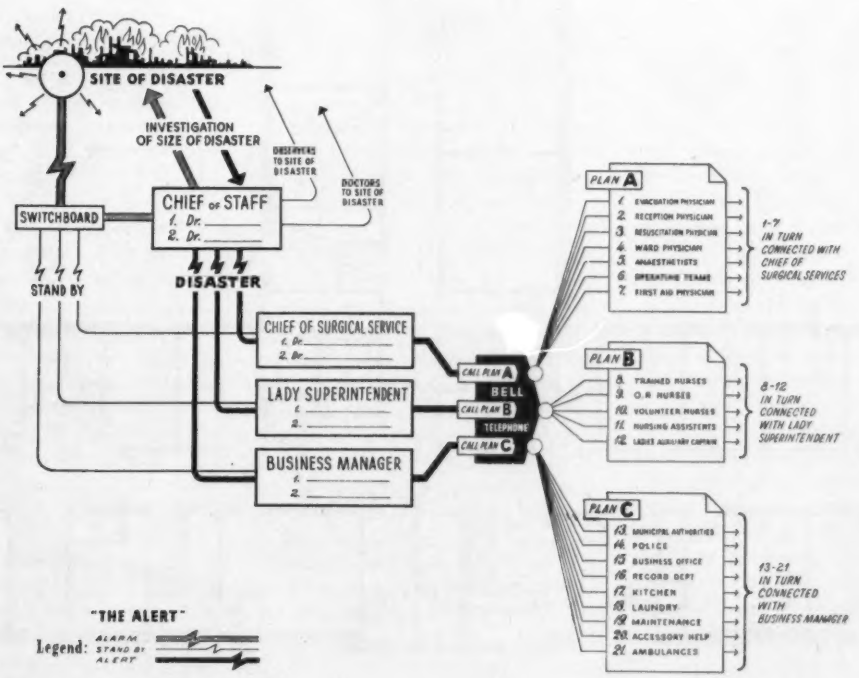
Ormstown is situated 40 miles from the centre of Montreal, on route number 4 entering Montreal via the Mercier Bridge, or in a less direct manner, via the Victoria and Jacques Cartier Bridges. The village is also 15 miles from the St. Lawrence River with its Beauharnois Canal and the proposed deep seaway, some 12 miles from Valleyfield and Nitro where much heavy and light industry is located. The hospital is 25 miles from Beauharnois, 50 miles from Cornwall, 50 miles from Massena, N.Y., and 9 miles from Huntingdon. Only light industry exists in the village of Ormstown itself.

The Barrie Memorial Hospital considers that it can anticipate such major disasters as large bus accidents within the district, explosions or fires in either light or heavy industry, water-borne disaster along the present Soulanges Canal or the future deep seaway, or disaster from the air such as occurred recently at Brampton, Ont. The hospital authorities emphasize in the plan that they do not consider their hospital as the one most likely to become the disaster hospital of their district. The greater probability is that a major disaster would cause over-crowding in the hospitals of Valleyfield and Huntingdon, in which case the Barrie Memorial would receive the overflow.

Barrie Memorial planners consider it essential to have correct means of ascertaining the extent of the disaster with which they would have to deal. They envisage that alarms may be received at their hospital from time to time but very rarely would it be necessary to put into operation the whole plan they have developed.

When a message has been received at the hospital of a possible disaster, it will be relayed at once to the chief of staff, or, in his absence, to his associate. At the same time, the superintendent, business manager, and the chief of surgical and medical services will be alerted. Each of these is responsible for part of the overall plan and for contacting their various key personnel—see accompanying illustration, "The Alert". The first duty of the chief of staff will be to obtain correct information as to the magnitude of the disaster and this will be done by telephone, messenger, or by both. Immediately after this, it will be decided whether it is necessary to put the full plan into operation.

If the full plan does go into opera-



tion, the superintendent or her alternate is responsible, in her part of the plan, for alerting all nursing personnel and volunteers. Immediately, the first shift of trained nurses who are familiar with the hospital will be called. Two operating room teams will also be called, as well as the captain of the ladies auxiliary who is responsible for notifying her first shift of volunteers. During the emergency, it is planned that all vounteer workers will work 8-hour shifts while the hospital staff will work 12-hour shifts.

At the same time, the nurse supervisor, with the appointed member of the medical staff, will survey the patients in hospital and determine those who are to be evacuated to the nurses' residence. Those patients remaining will be moved to a designated area in the hospital and, at the same time, extra beds will be set up in the remaining parts of the building.

Various rooms on the third floor may be increased by one bed or stretcher. Normally, this floor will accommodate 29 patients and in an emergency may accommodate 34. As the evacuation of patients is taking place those remaining in the hospital will be moved to the public wards of the third floor, accommodating 15. There, a registered nurse will take charge, assisted by two volunteer nursing assistants. In the meantime, assisted by the housekeeping staff, they will turn the sheets on the beds of evacuees. Remaining casualty beds on the third floor will be 19. The rooms to the left of the nurses' station will be used for the overflow of post-operatives as they both have suction and oxygen outlets. These 19 casualties will be looked after by two registered nurses, four nursing assistants, and two volunteers, in addition to one floor supervisor.

The arrangement of the second floor (see illustration) is as follows: the delivery room will be the resuscitation area where it is possible to set up at least six stretchers and possibly more, with two stretchers in the corridor. Here, in the delivery room, there is piped oxygen and wall suction, with the necessary supplies for giving intravenous solutions, drugs, et cetera. As the corridor is a fairly large area, the clothes of these patients will be removed by two auxiliary workers and placed in paper bags with the number of the patient, obtained from his tag.

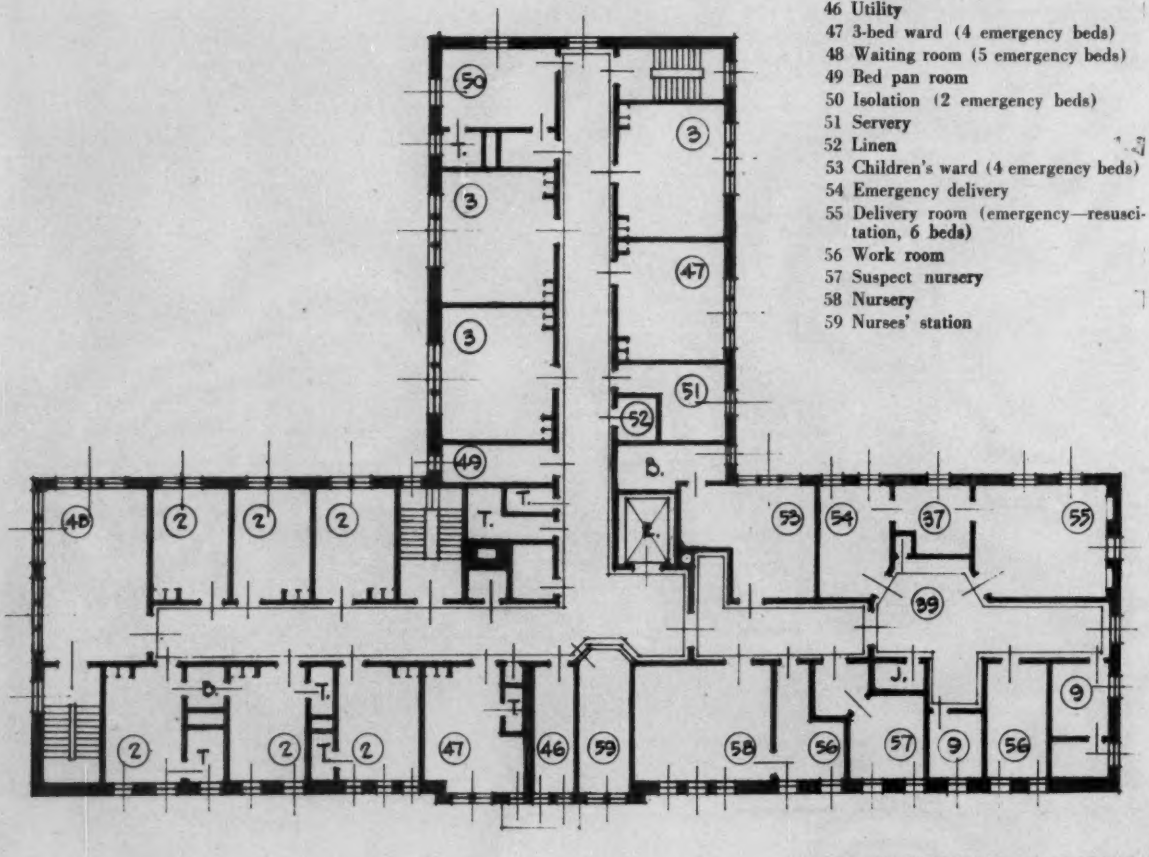
The children's ward may be used for the overflow of such patients. This resuscitation area will be supervised by two registered nurses, with two nursing attendants. The labour room will be free in preparation for emergency deliveries. The nursery will also remain free of casualties.

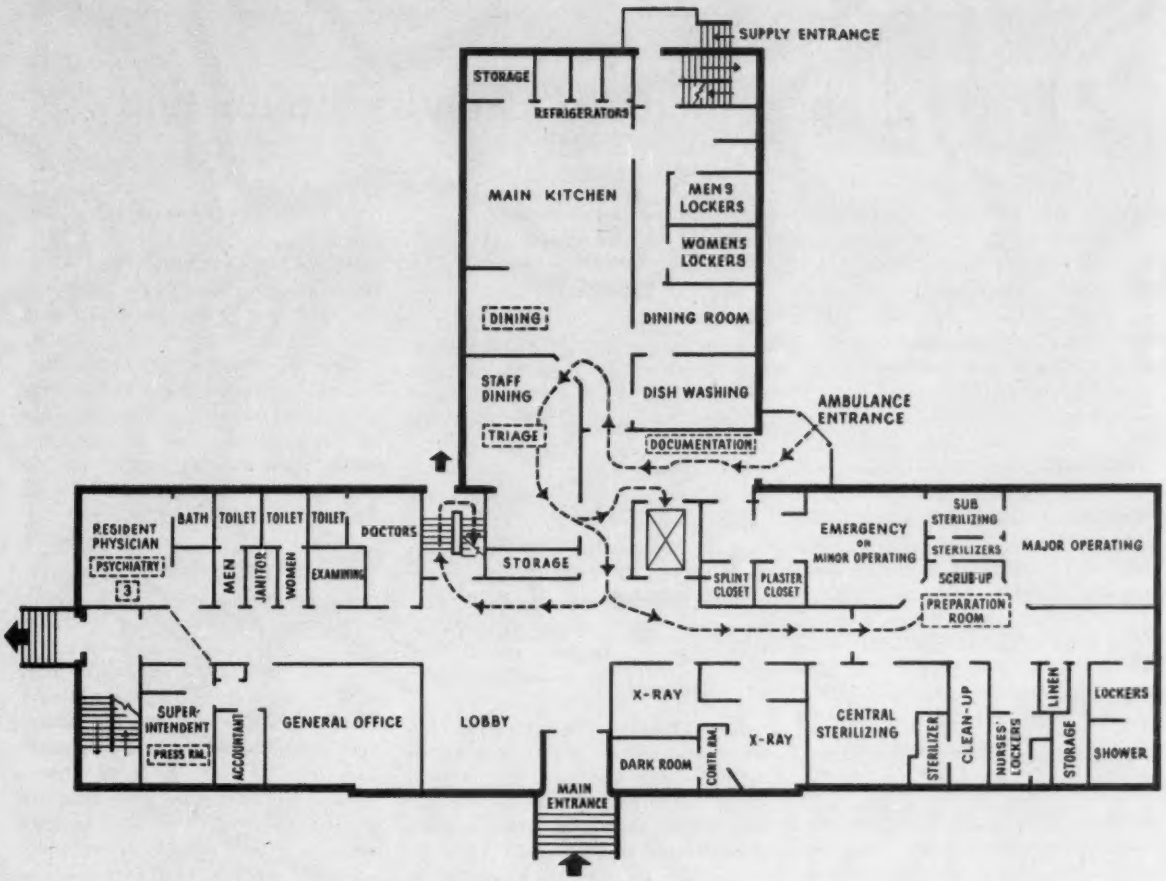
The southwest wing of the hospital

Architect:
Edward J. Turcott,
Montreal.

Second Floor

2 Semi-private
3 4-bed ward (emergency 5)
9 Lockers (1 emergency bed)
37 Sub-sterilizing
39 Scrub-up
46 Utility
47 3-bed ward (4 emergency beds)
48 Waiting room (5 emergency beds)
49 Bed pan room
50 Isolation (2 emergency beds)
51 Servery
52 Linen
53 Children's ward (4 emergency beds)
54 Emergency delivery
55 Delivery room (emergency—resuscitation, 6 beds)
56 Work room
57 Suspect nursery
58 Nursery
59 Nurses' station





Ground Floor

will be for the immediate post-operative cases, as a recovery area. The first two rooms have oxygen and suction and the other rooms have quick access to portable oxygen and suction. The waiting room will also accommodate four stretchers. This recovery area will be supervised by three registered nurses with the aid of six volunteers and nursing attendants.

The north wing may be used as the burn or trauma area or whatever seems necessary at the time. Here also there will be three registered nurses and six assistants in attendance, in addition to the floor supervisor. With a normal bed capacity of 36, there will be emergency accommodation for 52.

The ground floor of the hospital is the most important place in time of disaster (see illustration). Casualties will be admitted at the ambulance entrance where documentation will take place. From here the patients move on to the triage area. After being examined here, they will be sent to various areas depending upon the type of treatment required. Those who need first aid only will be looked after in one area, those requiring resuscitation in another, burns will be segregated in yet another, and so on.

To care for these 75 casualties, plus a number who will be given first aid and sent home, there is available a medical staff of three physicians, one anaesthetist, two surgeons, and four residents. The planners consider that seven of these 10 doctors can be counted upon to be present within the first hour. Others could be expected to arrive shortly. The equipment immediately available would be four minor surgical sets, two major surgical sets, dressings, plaster of Paris, two x-ray machines, 50 sets of plasma expander, and 50 bottles of blood.

Triage is a very important operation in any casualty treatment scheme. In the Barrie plan this area will be the charge of the chief surgeon and the chief physician. Here the casualties are examined, assessed, open wounds dressed, and morphine and ATS administered as required. A note will be made on the casualty card of any medication given and any patient receiving morphine will have a mark made upon his forehead with a grease pencil as an extra precaution.

In the triage room casualties will be divided into four groups. The minor cases will be marked with a green pencil and directed to follow green arrows to the first aid and minor operating room. The second group are those who require major treatment but whose condition is such that they are not considered urgent. These patients will have their casualty cards marked with a "W", and as they

(Concluded on page 108)

Practical Suggestions on Laundry Production

Daniel Schneider,
Laundry Manager,
University of Alberta Hospital,
Edmonton, Alberta

THE PURPOSE of the hospital laundry is to supply the patient and the hospital staff with clean, fresh linen, free from residual alkali or other foreign substance. Many patients, especially babies, develop rashes which are puzzling to the attending physician. Some of these rashes can be attributed to the laundry if proper washing and, particularly, rinsing procedure is not carried out.

For good washing, soft water is desirable. In larger hospitals, a zeolite water softener is generally installed. This is the best way to soften water for the laundry. In small hospitals, where no softener has been installed, it is practical to condition the water for the washing of linen by the addition of an alkali or one of the phosphates, such as tripoly phosphate or hexameta phosphate. These should be added to the water before the soap and the amount is determined by the hardness of the water. The benefits of washing with soft water are many. A smaller amount of soap and other supplies is necessary, there is better washing and rinsing and, last but not least, linen is given a longer life.

Importance of the Washing Formula

The washing formula used in the laundry has a definite bearing on the cost of replacing linen. An improper formula can cause high tensile strength loss on linen and can cost even a small hospital thousands of dollars per year in linen replacement. On the other hand, a proper washing formula will extend the life of linen and cut the cost of replacement.

An example will illustrate this point. To equip one hospital bed with linen it normally takes six sheets, six pillowslips, four drawsheets, three spreads, three blankets, four bath towels, four hand towels, four wash cloths, four gowns, and three serviettes. The cost of these is around $80. If most of this linen has to be replaced once each year, as in some hospitals, the replacement cost will be near 100 per cent. With proper washing control, this can be reduced to 25 per cent or less, with a saving of 75 per cent on replacement cost or $60 per bed per year.

As an example of washing, one of the short formulas for lightly soiled linen is given in Figure I.

Soap stock used in this formula is built as follows: 20 lbs. soap, 4 lbs. sodium metasilicate, 2 lbs. sodium tripoly phosphate, dissolved in 40 gallons of water. In hard water areas, double the amount of sodium tripoly phosphate.

This formula turns out a good class of work with a very low tensile strength loss on linen. For heavily soiled linen, one 10-minute suds at 160 degrees should be added between the first and second suds.

The use of sodium tripoly phosphate, in conjunction with soap, is very helpful—especially in hard water areas. It will help to prevent the forming of lime soap on linen and is also a good water softener. Cleaner, whiter, and softer linen will result when sodium tripoly phosphate is used in the washing formula.

The normal process used in the modern laundry is one of the most efficient sterilizers in use today. This is accomplished by:

1. Dilution by the many changes of water in the formula;
2. The action of alkalies as a germicide;
3. The high temperatures of washing, rinsing, ironing, and tumbling;
4. The use of chlorine bleach and sour on white work.

The American Institute of Laundering has conducted tests to determine what effect the laundry process has on the bacterial count of linen. The results show that the laundry process is one of the most efficient known today.

Machinery and Maintenance

A laundry can supply all departments and personnel only if it has sufficient machinery and proper help and supervision. The amount of linen used in the average hospital will vary from 7½ lbs. to 12 lbs. per patient day, depending on the type of patient. This includes linen from all departments. In calculating the size of laundry required, it is wise to have one capable of doing 25 per cent more linen than required at normal times so that any emergency demands for linen can be met without too much inconvenience.

The proper maintenance of laundry machinery is very essential and a complete check of all machines should be made at least once a week. All badly worn parts should be replaced or adjusted as soon as possible and all moving parts should be oiled or greased as often as necessary. This is essential for good operation and long life of machines. Performance

(Continued on page 90)

Figure I

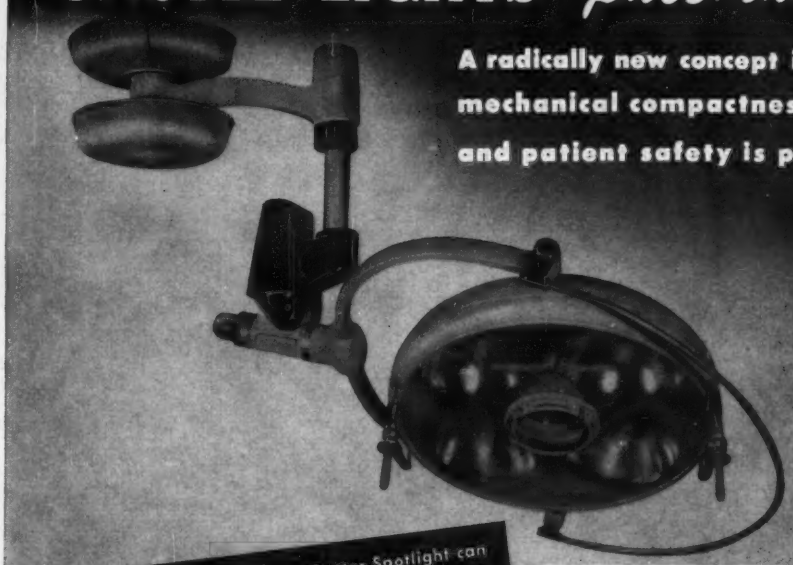
42" x 84" washer—300 lbs. linen

Flush	12" water	90°	2 minutes	
1st suds	5" water	120-130°	5 minutes	Add 1 lb. sodium metasilicate
2nd suds	5" water	160°	10 minutes	Add 2 qts. 1% bleach (Note: 2 qts. only)
1st rinse	12" water	160°	3 minutes	
2nd rinse	12" water	160°	3 minutes	
3rd rinse	12" water	130°	3 minutes	
4th rinse	12" water	cold	3 minutes	
5th rinse	12" water	cold	3 minutes	

Add sour and blue in last rinse, running time 32 minutes.

From an address presented at the annual convention of the Associated Hospitals of Alberta, at Banff, June, 1954.

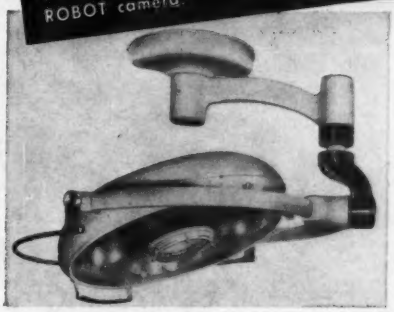
CASTLE LIGHTS *pace the industry*



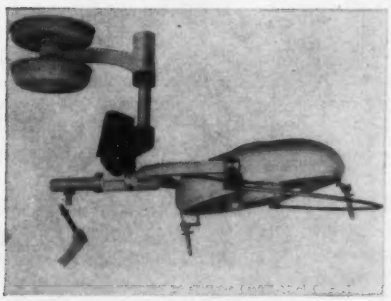
A radically new concept in directional control, mechanical compactness, improved vision, and patient safety is presented in Castle's

"60" SERIES MAJOR SURGICAL LIGHTS

IMPORTANT — Center Spotlight can be easily removed and replaced with ROBOT camera.



No. 61 — Dual offset arm without vertical adjustment.



No. 63 — With vertical adjustment and remote control (features which may be added to other model)

HEAR THIS —

LIGHT WHERE THE SURGEON NEEDS TO SEE — A fixture so easily moved that the surgeon's visual need is instantly met. Without breaking sterile technic, any member of the surgical team can direct the beam with only ounces of pressure on sterilized control handles.

MULTI-USE CENTER SPOTLIGHT — In addition to 4 major reflectors, an exclusive Center Pilot Spotlight provides extra penetrating power and an emergency lighting source. Projecting an 8-inch pattern deep into the incision, the pilot spot also acts as a pre-operative positioning guide to insure visual accuracy of light placement. An excellent auxiliary brain light or independent illuminator for ophthalmic surgery. Can be connected to automatic emergency circuit.

OBJECTIONABLE COUNTER-BALANCING BALL ELIMINATED — A newly devised INTERNAL CAM BALANCE obsoletes the conventional ball-type counterweight and provides "feather-touch" mechanical controls that are self-locking in any position.

ELIMINATES REPOSITIONING OF TABLE — A small central mounting with a dual offset arm provides continuing 360° rotations on 3 axes, without stops. Lamphead may be extended, lowered or tilted to any point within an 8'3" diameter circle, making it unnecessary to move operating table during any operation.

Castle LIGHTS AND STERILIZERS

WILMOT CASTLE COMPANY, 1255 University Ave., Rochester 7, New York

Send data on the "60" Series Lights.....

THE STEVENS COMPANIES
TORONTO CALGARY
WINNIPEG VANCOUVER

Castle

CASGRAIN & CHARBONNEAU, LTD.,
MONTREAL

Over 200 attend

Ontario Accounting Institute

UNDER THE joint sponsorship of Ontario Department of Health and the Ontario Hospital Association, an institute on hospital accounting was conducted at the King Edward Hotel, Toronto, February 16 to 18.

With over 200 in attendance, from 125 hospitals, it was one of the most representative institutes yet held in the province. The main theme or plan of the three-day program centred around the completion of the annual financial and statistical reporting schedules. This plan was chosen as the result of an opinion poll taken at the annual meeting of the accounting section during the convention of the Ontario Hospital Association last fall.

The general direction of the institute was under the executive of the accounting section of the O.H.A. in co-operation with the public and private hospitals' division of the Department of Health. Max B. Wallace, past chairman of the section and treasurer of Toronto Western Hospital, was chairman of the program committee and was highly commended for his efforts.

Presiding over the opening session, W. E. Cox of Guelph, chairman of the accounting section, welcomed delegates to the institute. Official greetings were extended by C. J. Telfer, director of the division of public and private hospitals, on behalf of the Department of Health; by Arthur J. Swanson, executive secretary-treasurer, on behalf of the Ontario Hospital Association and its president, Dr. Harvey Agnew; and by Dr. W. Douglas Piercey, executive director of the Canadian Hospital Association.

The Need

In extending greetings on behalf of his department, Mr. Telfer expressed regret that the annual report on public hospitals for the year 1953 was only now in the hands of the printers. He stated that this regrettable delay was caused partly by the fact that a handful of hospitals were very late in submitting returns and, also, to the fact that office space and available personnel in the department was a limiting factor. In respect to the latter, he indicated that the necessary improvements would be made in the not too distant future, but he emphasized that the hospitals themselves must meet the challenge by submitting reports promptly.

Roy W. Erdmann of the division of public and private hospitals, Department of Health, reviewed the historical development of hospital reporting in Canada, paying tribute to the work accomplished by the Canadian Hospital Association's committee on accounting and statistics in the earlier days of the movement some 20 years ago.

He reminded the delegates that a committee was set up in Ontario in 1945 as a result of the cost study commenced some two years previously, and that there evolved a set of forms and a handbook for use by hospitals which was chiefly the work of Ray Davey, then of the Department of Health. To this effort the vast improvement in results obtained in Ontario between 1946 and 1952 in the field of hospital accounting was mainly due.

Mr. Erdmann reviewed developments in hospital accounting in British Columbia and Saskatchewan, as well as those in the Maritime provinces under the leadership of Walter Dick. He referred to the Dominion-Provincial Conferences on Hospital Statistics in 1949 and 1951, following which the Canadian Hospital Association, in co-operation with federal and provincial governments, had compiled the *Canadian Hospital Accounting Manual.* The manual came into general use in the province of Ontario in 1953; and the institutes on hospital accounting held in that year were devoted to study of the manual itself.

Mr. Erdmann reiterated the axiom that "to improve the method is to improve the product". Inasmuch as the hospital's product is patient care, he suggested that all hospital workers, including accountants, must be aware of the need for constantly striving to improve their performance.

Government, at the provincial level, is becoming an increasingly important partner with hospitals in financing hospital care. In substantiating this statement, Mr. Erdmann drew attention

to the fact that in the past 10 years, from 1945 to 1954, the contribution of the government of Ontario to capital and operating costs of public hospitals had increased from one million dollars to 25 million dollars in round figures.

The expenditure of that sum of money from public funds demands a careful accounting by public officials and, as a result, they require more complete and accurate information from hospitals. Moreover, the hospitals themselves, in a somewhat different sense, are custodians of public funds and public property. In order to main-

(Concluded on page 78)

tru-gauging . . .

tru-chromicizing . . .

and now . . . CP

(COLLAGEN PURITY)

ETHICON*

surgical gut

ETHICON DIVISION OF JOHNSON & JOHNSON LIMITED, MONTREAL

*Trade Mark Reg'd.

Good Nutrition for Mother and Infant

Agnes C. Higgins,
Senior Nutritionist,
Montreal Diet Dispensary,
Montreal, P.Q.

VITAL STATISTICS for our community show that, since 1939, there has been a reduction in total infant mortality rates from 71 per cent to 43 per cent. However, this reduction is due to the decrease in death rates of infants over one month —from 41 per cent to 14 per cent. Under one month, there is only a slight reduction—30.3 per cent to 29 per cent. Stillbirth rates have even increased (27 per cent to 35 per cent) in this period and neonatal rates are twice as high as those for infants over one month.

It was a similar comparison that led Dr. J. Harry Ebbs (Department of Paediatrics, University of Toronto Faculty of Medicine, and Hospital for Sick Children, Toronto) to undertake a study of nutrition in pregnancy in order to determine the influence nutrition might have on the growth and development of the infant. In 1940, half of the infant mortality was due to neonatal mortality. No progress had been made in reducing neonatal mortality through skill and modern medical techniques. There seemed to be some irreducible factor operating and he wished to investigate the role of nutrition and its relation to these factors.

I shall discuss this study because it served as a basis for and led to further research. It was a most important study (a) because of its significant findings; and (b) because it demonstrated the relationship of diet to the improved prenatal condition of the mother, the ease of labour, the health of the newborn, and the potentiality of the child.

Findings of the Ebbs Study

One of the first findings of the study indicated that pregnant women without supervision do not eat properly. At six months, their calories were 1,672 and at term, 1,837. Their protein intake was 56 grams at six months and 62 grams at term. Calcium, iron, and thiamin were also investigated and found to be one-half to one-third too low. Women whose diets were improved had better obstetrical rating records and labour periods with fewer complications. It was also found that there was a much lower incidence of miscarriage, stillbirths, and premature births for mothers on improved diets.

Past Percentage

	Poor Diet	Good Diet
Miscarriage	38.1	39.0
Premature birth	10.7	20.3
Stillbirths	9.5	4.7

Present Percentage

	Poor Diet	Good Diet
Miscarriage	6.0	0
Premature birth	8.0	2.2
Stillbirths	3.4	0

In the poor diet group, the incidence of illness in babies up to the age of six months and the number of deaths resulting from these illnesses was much greater.

Subsequent Studies

In a study, sponsored by the People's Health League in England, supplements of vitamins and minerals were given to 50 per cent of 5,000 pregnant women, the remainder serving as controls. Toxaemia was found to be 30 per cent less in women receiving supplements and the incidence of prematurity was much reduced. This study took place in 1942. In another group, Ca, P, Fe, vitamins A, D, B, complex were given with a resulting significant reduction of stillbirth and neonatal mortality over the controlled groups. Both groups had increased milk.

Food Service

sponsored by the

Canadian Dietetic Association

In 216 cases, 86 per cent of whom ate poorly to fairly and only 14 per cent of whom ate well, the influence of diet during pregnancy was studied on a prenatal rating. The results were not as marked as between prenatal diet and the condition of the infant, thus indicating that when diet during pregnancy is inadequate, the foetus suffers to a greater extent than the mother. However, in the relationship between poor diet and incidence of toxaemia, there were only eight per cent with fair diets, fewer with good.

All stillborn infants, all infants who died within a few days of birth except one, most infants who had marked congenital defects, all premature and all functionally immature infants—all these were from mothers whose diets were inadequate. As already mentioned, it was also found that a significant relationship existed between the diet of the mother during pregnancy and the condition of the infant at birth. One could say that diet determines the paediatric rating of the infant.

Summary of Studies

These and many other similar studies have demonstrated that a large majority of women during pregnancy do not have adequate nutrition. Better diets during this period bring improvement in the health of the mother during pregnancy and afterwards lessen the risk of complications during labour, as well as affect condition of the infant at birth and later on.

Recent animal studies show that, in early pregnancy, nutritional deficiencies of the mother result in defective offspring. The conditions found in human mothers who bear malformed infants are so similar to those found in animals with deficiencies early in gestation that the same origins seem highly probable. The foetus may be affected more severly by the deficiency than the mother. A mother with latent beriberi may give birth to a child with congenital beriberi. Iodine deficiency which only causes enlargement of the thyroid gland in the mother may produce cretinism in the child. Many factors are involved in deficiencies during pregnancy such as

From an address, presented at the Institute on Nutrition, held in Montreal, March, 1954.

Portion-controlled soups for Profit!

ONION SOUP—The 8-oz. jar of Kraft Onion Soup Base makes 5 quarts of delicious French Onion Soup.

Kraft Soup Bases

Build a reputation for quality soups, save labor costs, with the finest soup bases you can buy!

4 POPULAR VARIETIES

Chicken Base—Made from fresh, roasted chickens. Packed in 1-lb. jars—approx. 2¢ per serving.

CS Base with Chicken Fat—Made with real chicken fat. Packed in 1-lb. jars.

Soup Base Flavored with Beef Extract—Made from the finest beef extract. Packed in 1-lb. jars.

Onion Soup Base—A complete French Onion Soup. Packed in 8-oz. jars. 3½¢ per serving.

Here are 4 big advantages Kraft Soup Bases bring you:

Economical—
One step preparation—timesaving, no fuss, no waste. No expensive labor in preparing soup stocks.

High Quality—
Uniformity and high quality are assured by rigid controls through every step of production. There's no chance for soups to vary from day to day.

Profitable—
Perfect portion control enables you to measure profits to the penny. You know exactly how much each serving costs you.

Versatile—
Make superb soups. Added to such food as chicken dishes, gravies, stews and meat loaves, they enhance and bring out their flavor—also effective as an enricher in your own soup stocks.

COST PER PORTION CHART
(U.S. Measure—128 oz. Gallons)

PRODUCT	PACK	ADD	SIZE PORTION	NO. OF SERVINGS	COST PER PORTION
CHICKEN BASE	1-lb. Jar	5-gals. water	6-oz.	106	0.0184
CS BASE	1-lb. Jar	5-gals. water	6-oz.	106	0.0146
SOUP BASE FLAVORED WITH BEEF EXTRACT	1-lb. Jar	4-gals. water	6-oz.	85	0.0142
ONION SOUP BASE	8-oz. Jar	5-qts. water	6-oz.	27	0.0367

KRAFT
Foods Limited
INSTITUTIONAL DIVISION

The Nation's Taste is your Best Buying Guide

KRAFT FOODS LIMITED

nausea, vomiting, perverted appetite, drugs and medicine, infections, and mental strain.

Besides the gross deformities of hard and soft tissues, there are the less obvious types of injury caused by faulty prenatal nutrition. These changes affect eyesight, neurological functions, and mental capacity. They may be caused by deficiencies of A, B_{12}, E, riboflavin, niacin, vitamin C, pantothenic acid, folic acid, biotin, minerals, iodine, copper manganese, as well as from the use of anti-vitamin drug therapy. A second major feature of the new work is recognition that short-term as well as chronic deficiencies can cause irreversible injury at sharply defined critical periods of embryonic or neonatal development.

Because many of these malformations which develop in early embryonic life are caused by deficiencies of the maternal organism before pregnancy a good prenatal care program would plan for prematernal dietary supervision.

Functional Diets for Pregnant Women

In planning functional diets for pregnant women, we must consider, first of all, the nutrient needs. These would entail the normal requirements for size and activity, the addition for pregnancy (multiple births), and the addition for malnutrition such as underweight, vomiting, emotional stress, et cetera.

Foods must be chosen in kind and amount to meet the nutritional needs as well as the social, cultural, psychological, and economic conditions of the patient. Through the dietary history, we can judge much about the mother's likes and practices, dislikes and apparent nutrient deficiencies. In our nutritional supervision work in clinics, we ask about apetite, vomiting, and constipation. We inquire about previous pregnancy records, family membership, nationality, living conditions such as rent, number of rooms, cooking facilities, income, debts, and whether or not the mother is working. All these factors are considered before a diet can be suitably chosen. The diet is built around Canada Food Rules and taught with reference to a nutrient breakdown of a daily food list for pregnant women (see chart). With this chart, it is easy to teach women, who formerly disliked milk, the superiority of this food to answer the need for protein and calcium. They are also shown the need for supplementing factors such as iron and vitamin D and any specific sources of elements which they may lack.

The importance of proper food is explained and motivation is found for accepting and acting upon suggestions. The diet is kept as closely as possible to the patient's accustomed ways. New foods are added only when necessary and the reason for the addition is explained fully to the mother. The increased cost of the pregnancy diet is 22 cents daily. When the mother has not the means to pay for this, the matter is reported to the social worker so that food supplementation can be found. In subsequent visits, the diets are checked and revisions made.

During the 8th month, nursing is discussed. Any unusual elements during the care are noted and checked upon each visit. During the postpartum visit, information is gathered on the infant birth, mother's final weight, and nursing. Diets for the mother and her family are also discussed.

With the results which are obtained, it can be easily seen that successful work in this field has been done individually by trained personnel. Other methods, such as distribution of diet sheets or group lectures do not influence mothers to change their ways of eating to such an extent. However, individual supervision of the total diet of food supplementation, when necessary, is successful.

In conclusion, it can be definitely stated that the majority could improve their diets during pregnancy. There is necessary evidence that improved nutrition brings benefits to both mother and infant and lessens labour risks. Good nutrition lessens the incidence of prematurity, stillbirths, and neonatal deaths. Our vital statistics for Montreal show, if anything, a regression of stillbirth rate and a very slight improvement in neonatal rate over our past decade. These figures apply to a time when a great deal of knowledge has been accumulated which, if it is acted upon, can prevent this unnecessary waste of human life.

The present knowledge of nutrition in pregnancy has so much to offer in enriching life that I hope that the lag between "knowing" and "doing" can soon be overcome.

Nutrient Breakdown of Daily Food List for Pregnant Woman (130 lbs.)

(Adjustments are made for each individual case on the basis of weight, nutritional status, activity, etc.)

Food	Amt.	Cal.	Prot. (gr.)	Ca. (gr.)	Fe. (mg.)	Vit. A (i.u.)	Thia. (mg.)	Ribo (mg.)	Niacin (mg.)	Vit. C (mg.)	Vit. D (i.u.)	Cost
Milk	1 qt.	763	41.3	1.392	1.2	1890	.47	2.01	1.2	12	30	.20
Cheese or peanut butter	1 oz	146	7.7	.119	.5	210	.02	.08	2.4	....	12	.03
Egg	1	72	5.7	.024	1.2	510	.04	.13	....	....	10	.06
Oranges	1½	68	1.4	.049	.6	285	.12	.05	.3	74	....	.05
Other fruit	1	88	.6	.008	.4	220	.05	.04	.4	6	....	.05
Potato	1 med.	105	2.5	.014	.9	30	.14	.05	1.5	21	....	.01
Vegetables	2 serv.	108	3.8	.065	.2	7426	.14	.15	.1	42	....	.07
Cereal	1 oz.	109	3.7	.013	1.1	.....	.15	.04	.6	....	....	.01
Bread enriched	6 slices	492	14.4	.144	3.3	.....	.60	.48	12.8	....	....	.05
Meat, fish, liver	4 oz.	259	16.1	.017	2.9	6866	.24	.66	5.1	5	7	.15
Butter	1 oz.	216	.2	.006	...	1000	....	....	....	....	....	.04
Other fat	¼ oz.	64	....	.....	....	.....	....	....	....	....	....	.004
Sugar	1 oz.	116	....	.....	....	.....	....	....	....	....	....	.008
Other sweets	1 oz.	84	.1	.010	.3	8	....	....	....	....	....	.01
Refined cereal	¼ oz.	26	.4	.002	.1	.....	....	.01	.4	....	....	.002
Tea, seasonings, etc.		....	....	.....	....	.....	....	....	....	....	....	.05
TOTALS		2716	92.3	1.863	12.7	18445	1.92	3.70	24.8	165	59	.80
(Deduction for cooking losses)				.037	.7		.58	.56	5.0	58		
TOTALS		2716	92	1.8	12	18445	1.3	3.15	19.8	107	59	.80
Requirements for 130 lb. women Can. Diet. Stand.		2725	83	1.6	15	6300	.8	1.25	8	100	400	

Sterling

TRADE MARK

TAPERED GAUGE

LATEX SURGEONS' GLOVES

The first latex gloves sold in Canada that TAPER IN THICKNESS FROM THE WRIST TO THE FINGERTIPS—other brands are thickest in the finger and palm area.

Coloured size medallion.

Sold through surgical supply dealers only.

Advantages

OF TAPERED GAUGE

- More flexible than other straight or curved finger gloves through the full arc of finger movement.
- Better sense of touch.
- Thicker wrists prevent tearing.

EIGHT TYPES OF GLOVES TO CHOOSE FROM

- Rolled or reinforced wrist.
- White and brown latex.
- Smooth or Firmgrip finish, reinforced wrist (Pat. Pend.) illustrated.

ALL TYPES COLOUR SIZED

Each size has a distinctive coloured medallion for easy sorting.

"Sterling" — the only surgeons' gloves made in Canada—known and used for their high quality in more than fifty countries.

STERLING RUBBER COMPANY LIMITED

GUELPH, CANADA

CANADA'S LARGEST MANUFACTURER OF RUBBER GLOVES

A trustee stresses:

We are all partners in hospital service

Reverend J. Ferguson,
Chairman of the Board of Trustees, Royal Victoria Hospital, Barrie, Ont.

TRUSTEES, DOCTORS, administrators, and citizens of any community are partners on one of the greatest teams devoted to humanitarian service. The modern hospital demands team work and the goal of the team should be assistance to the patient. Each group should receive the intelligent support and fullest co-operation of the other, for where there is team work there is bound to be efficiency. It is what goes on within a hospital that makes a hospital.

I honestly believe that the majority of trustees who serve on our hospital boards today feel themselves to be part of that team. They may not all have the same perspective but they all know what the goal is. At least, they should know what it is. Too much credit cannot be given to the faithful boards of trustees whose sole aim is to provide proper and adequate hospital care for the members of the community rather than be merely a 'framework" upon which the real hospital is built.

Relations with the Administrator

The simplest observation that I could make concerning the relationship between the trustee and the administrator is that there should be complete co-ordination. Each should know the duties and responsibilities of the other. That the trustee has a responsibility toward the administrator should never be challenged. The fundamental relationship between the two finds its basis in policy. The administrator is the board's executive officer and, in that position, he or she requires the fullest co-operation and support of the trustee.

I believe that the trustee should become personally acquainted with the administrator. It should not be necessary for me to say that the administrator should attend all board meetings. I know of one hospital where the administrator was not invited to the meetings for a number of years—a deplorable situation.

I also believe that the trustee should show full confidence in the administrator by providing him with a policy which is both sound and workable. Quite often when friction develops between the trustee and the administrator, it is the fault of the trustee. Such friction usually arises from lack of understanding. No trustee should ever make too heavy demands upon the administrator; nor should he ever go over the head of the administrator for information relating to the hospital. The administrator is the trustee's partner and partners should keep no secrets. Indeed, the trustee should be in a position where the administrator may call on him at any time just "to talk things over". The round table conference is the place to produce harmony. The administrator today is worried over rising food costs, wage demands, and inadequate staff. Let the trustee encourage him by saying: "We are in this together. Roll some of your worries and problems on to my shoulders. We are partners in a great humanitarian service". It is all a matter of encouragement.

The Trustee and the Medical Staff

The trustee should also know the medical staff. He should make evident to the doctor his interest in the affairs and problems of the medical staff. He can do this by indicating that his chief interest is the patient and not simply a beautiful building, with spacious lawns, and extensive flower beds. These things have their place but providing the best medical care should come first.

If the trustee and doctor are to be partners, there should be a free exchange of ideas where the medical care of the patient is concerned. Some people today are of the opinion that hospitals are being run by the medical profession. Perhaps they are in some cases. But, by the same token, there may be hospitals where the board is trying to control the medical staff. Neither is the ideal set-up.

I have heard it said that no medical man should ever serve on the board because his perspective is too narrow. I do not agree. I firmly believe that the medical staff should have representation on the board, just as firmly as I believe that the board should have representation at medical staff meetings. In this way, the trustee can profitably discuss medical by-laws, assist the staff in setting up a sound system of self-government and see to it that high standards of practice are maintained.

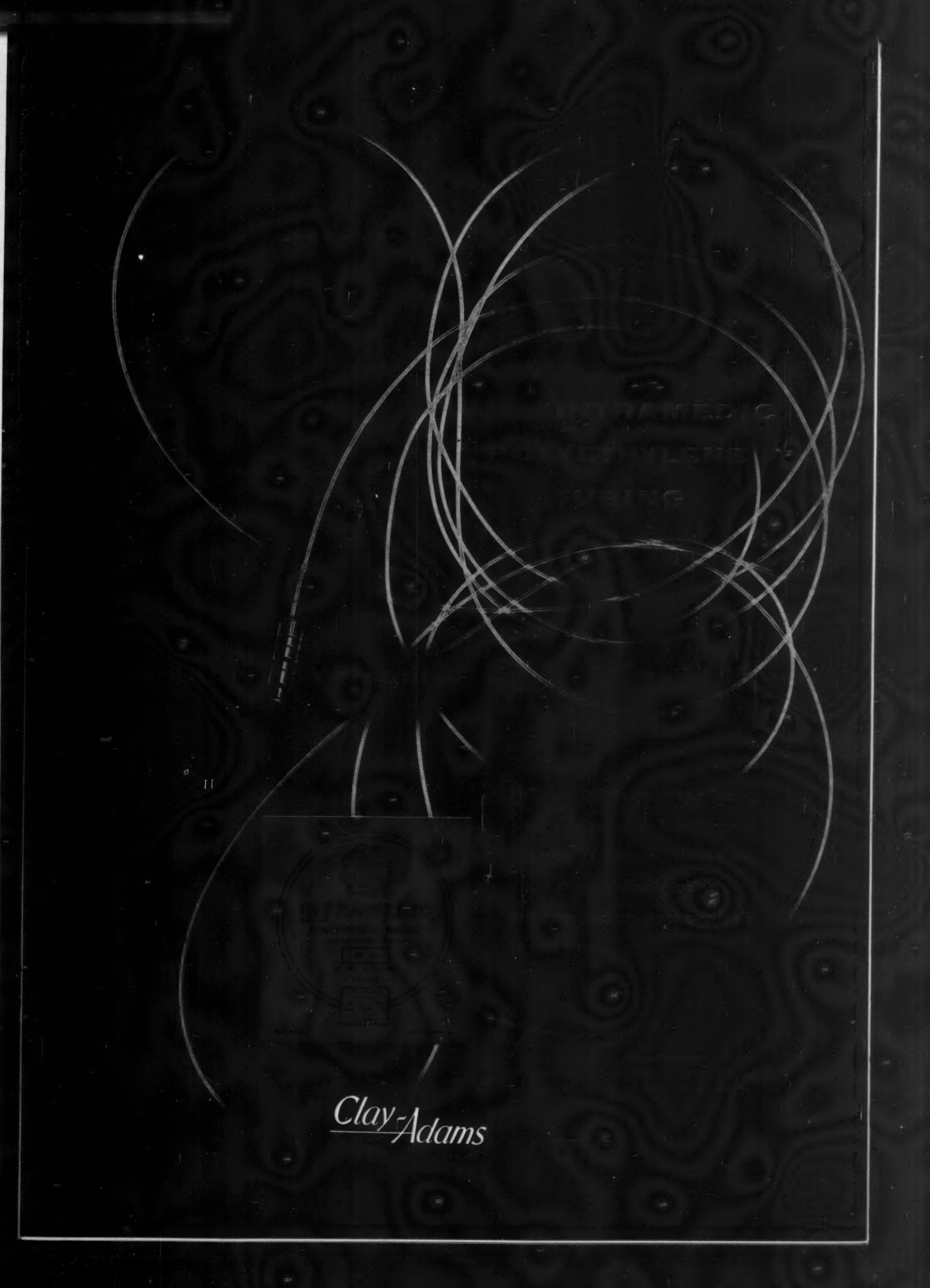
Partnership calls for sound co-operation and where it is lacking one should not be surprised to hear some citizens say: "Who is the hospital serving—the doctor or the patient?" As partners, both trustee and doctor can show the public that their services are directed toward the patient.

His Obligation to the Community

Finally, what about the trustee and the community? Again, the trustee has an obligation to the community—any community. His knowledge of hospital operation, including hospital costs and rates, should be used in his contacts with other citizens to correct any unfavourable impressions which arise in their minds. He should use every opportunity to enhance the reputation of the hospital and to demonstrate its needs. His role in the partnership should be that of interpreting to the community the total picture of the hospital. After all, the total impact of the hospital on the community lies to a very large degree with the trustee. So, let the trustee say to the community: "This is your institution. Let us work together to provide the ultimate in hospital care and service".

From an address presented at the annual convention of the Ontario Hospital Association, Toronto, Oct., 1954.

Faith is one of the forces by which men live and the total absence of it means collapse. — *William James*


Clay-Adams

Book Reviews

MR. GUY'S HOSPITAL, 1726-1948. By H. C. Cameron, M.D., F.R.C.P., formerly head of the children's department and Dean of the Medical School at Guy's Hospital. Illustrated. Pp. 520. Price, $6.00. Published by Longmans, Green and Company, London & Toronto, Ont.

Guy's Hospital in London, England, was founded "at the sole costs and charges of Thomas Guy, Esquire", in 1726. As the author points out, Guy's Hospital is one of a group of famous English hospitals, known the world over—Westminster, London, St. George's, and Middlesex—which came into existence about the same time. With them came the beginning of the voluntary hospital system.

The conditions in England, at that time, were indeed ripe for such a beginning. In all ages, there have been men who have devoted their wealth to alleviate the suffering of the poor. But for some time in the 17th century, the troubled and unsettled state of the country had dissipated wealth and delayed the development of trade. Civil war, revolution, and the destruction of London by fire had combined to improverish the rich. The suffering of the common people of London was great—plague, dysentry, small pox, typhoid, and typhus fever were rife, cumulating at frequent intervals in devastating epidemics.

In Thomas Guy's youth, the hospitals in existence had shared in the general improverishment and had fallen sadly into decay. With the reviving of wealth in London, its citizens were beginning to restore the old hospitals and to build new ones to meet the needs of the rapidly increasing population. However, the building and endowment of schools still continued to absorb much of the money expanded by benefactors. The usual way for a well-to-do merchant to benefit the poor and perpetuate his name was to found an almshouse in the village or town of his birth.

Both to schools and almshouses, Thomas Guy had shown himself a generous giver. In middle life, he became an intimate friend of Dr. Richard Mead, the most celebrated physician of his day. Thus, in his old age, when Guy found his capital increased five-fold through an unexpected stroke of good fortune, it was Dr. Mead who prompted him to devote his wealth to the building and endowment of a new and splendid hospital—Guy's Hospital.

From the beginning, this hospital distinguished itself. Apart from a serious recession during the French Wars, the hospital continued to increase its reputation and the services it provided. Guy's has been first in the field with many innovations. In 1831, it set aside wards for study of eye diseases and later did likewise for the diseases of women and children. It was also the first hospital to open a psychiatric department for out-patients.

A very moving story of the hospital under the ordeal of war is presented in one chapter. By all the laws of logic, the bombing which the hospital suffered should have obliterated it. Yet, it came through—terribly battered but ready to carry on. The author writes: "On every occasion, it was possible to end the log with the statement that the hospital was still open for casualties".

Today, as Dr. Cameron points out in the introduction, Guy's looks forward to the future. "There is no longer need for a treasurer; the staff is no longer compelled to busy itself with the provision of buildings or equipment; the nurse may lay aside her collecting box; the income is assured —an enormous gain and yet, somehow, at the same time, a loss. In what sense a loss, the struggles and achievements of Mr. Guy's Hospital may serve to show."

All in all, *Mr. Guy's Hospital* is a very readable book which should be of interest to hospital people throughout Canada. In compressing the history of the hospital into one volume, Dr. Cameron indeed had a difficult task which he has performed with skill. His long association with the hospital, as head of the children's department and as Dean of the School of Medicine, has stood him in great stead, as well as his experience as a biographer and historical writer. The many good illustrations sprinkled throughout the book add considerable interest. Some show various stages of the hospital's growth, and others are portraits of various well-known persons whose stories are part of the history of Guy's hospital—great men who have made the name of Guy's renowned throughout the world.—*W. Douglas Piercey, M.D.*

* * * *

An Attractive Guide to Learning— A. H. A. Handbook for Nursing Aides

Learning is made very interesting and attractive in the new *Handbook for Nursing Aides in Hospitals*, published by the American Hospital Association's Council on Professional Practice. In the foreword of this loose-leaf style handbook, it is pointed out that: "Becoming a nursing aide should be just as much fun as being one. This book tells you how to do the most important jobs you need to know to be useful in your hospital." The rest of the handbook lives up to the promise of its foreword. Words and illustrations have been well chosen to depict the nursing aide going about her duties, with good-natured efficiency. Each nursing procedure is explained in simple words, with the illustrations to add interest and further explanation. Colour has been used very effectively in a blue and white design. In covering the various duties of the nursing aide, care has been taken to show her how she fits into the medical team and how she can contribute very tangibly to the welfare of both patients and staff.

Handbook for Nursing Aides in Hospitals was prepared by the U. S. Department of Health, Education, and Welfare in co-operation with the Department of Hospital Nursing, National League for Nursing. The writers were: Betty McGolrick, R.N., M.P.H., and Dorothy Sutherland, under the direction of Margaret G. Arnstein, R.N., M.P.H., chief of the Division of Nursing Resources of the U.S. Public Health Service. Illustrations are by Dagmar Wilson. The handbook is $2 in price and can be obtained from the American Hospital Association, 18 East Division Street, Chicago, Ill.

* * * *

"How to Study Nursing Activities in a Patient Unit"

The Public Health Service of the U.S. Department of Health, Education, and Welfare has published a manual to aid hospitals in making better use of personnel. *How to Study Nursing Activities in a Patient Unit* shows hos-

(Concluded on page 62)

Book Reviews

(Continued from page 60)

pitals of all sizes how to determine how nursing personnel time is distributed between duties requiring nursing skills and those which could be performed by other hospital staff.

Dr. Edwin L. Crosby, director of the American Hospital Association, says in the foreward: "If many hours of nurses' time are being directed from their true purpose and spent in work others can do, this trend must be corrected . . . This manual is a practical new tool to use in finding specific answers . . . It gives a scientific method of studying all activities of nursing personnel."

The manual may be purchased for 25 cents per copy from the Superintendent of Documents, Government Printing Office, Washington, 25, D.C.

* * * *

L'Annuaire Médical Belge

Sortant de presse pour sa 29me année est le plus ancien annuaire médical de Belgique *L'Annuaire Médical Belge content*: liste des spécialités pharmaceutiques; listes des médecins, pharmaciens, cliniques, hôpitaux, laboratoires, et caetera, de Belgique, du Congo Belge, et du Grand Duché de Luxembourg.

Ce volume de 700 pages est entièrement détaillé et absolument nécessaire aux personnes qui traitent avec les milieux médicaux et hospitaliers. Il est mis à jour en cours d'année par une série de quatre *Bulletin Supplement*, et contrôlé par un service addressograph qui est mis à la disposition des laboratoires pour acheminer leur relances au corps médical, ce qui assure à cet Annuaire le maximum d'exactitude des adresses qu'il contient. Le prix est 225 francs Belges. Editeur: La Publicité Médicale, Rue Theodore Verhaegen, Bruxelles.

* * * *

Directory of Mental Health Services in Metropolitan Toronto Available

The Directory of Mental Health Services, Metropolitan Toronto, 1955, has just been released. Published by the Welfare Council of Toronto and District, the 27-page directory has been prepared for use by all professional groups — doctors, nurses, social workers, teachers, and other community workers — who may need to refer a person for mental health care.

The directory gives detailed information about the function of each clinic in the Metropolitan area of Toronto, the age group served, area served, fee policy, who may make referral, and how to apply for service. It covers 16 out-patient clinics in hospitals and in the community as well as in-patient service in the general hospital, Brookside Clinic, and the Ontario Hospitals serving the Toronto district. Copies of the Directory may be obtained from the Welfare Council of Toronto and District, 100 Adelaide St. W., at a cost of 50c.

Canadian Hospital Directory for 1955

THE 1955 edition of the *Canadian Hospital Directory*, published by the Canadian Hospital Association, is now on the press and will be ready for distribution next month. As part of the Association's service to the field, complimentary copies will be sent to all Canadian public hospitals and to all supply houses whose advertisements appear in the directory. Additional copies will be available at $2.50 each or $2.00 each in lots of five or more. Orders may be addressed to the secretarial offices of the association at 280 Bloor Street West, Toronto.

Information on Institutions

The directory has been completely revised on the basis of 1954 statistics and general data. All Canadian hospitals and other institutions providing medical and/or nursing care (excluding certain military units) are listed by provinces in geographic-alphabetic sequence. In addition to the location and name of the institution the following information is given: postal address; ownership; type of operation or license; the number of beds set up for use, by type of service and in total; statistics on admissions, births, and operating budget; the number of personnel employed; and the names and titles of chief administrative and departmental personnel.

An over-all aspect of this information is given in tables which indicate the total number of beds set up for use and the type of care provided in such beds. These are divided into main classifications such as public general, public special, private, and federal. Subdivisions indicate the type of ownership under the headings, lay, religious, municipal, and provincial.

Educational Programs

An outline of the educational programs available to hospital personnel in this country is another important feature of the *Canadian Hospital Directory*. The programs listed include those for: administrators, dietitians, laboratory technicians, medical interns, nursing personnel, pharmacists, physical and occupational therapists, radiological technicians, medical record librarians, and social workers.

Hospital and Allied Organizations

Hospital associations and many other allied organizations in the health field are listed with the mailing addresses, names of officers, official publications, and dates and locations of annual meetings. This list includes departments of the federal and provincial governments which are of interest to hospital people.

Library and Films

A new feature of the Directory this year is a list of texts and reference books which are available on loan from the Canadian Hospital Association library. The library provides reference material, on a three-week loan basis, at no charge to the borrower except that of return postage. The material available includes selected articles from major hospital journals on various phases of hospital administration and related fields.

Audio-visual aids, such as films, are also listed in this section. Information contains brief descriptions of the films and indicates where they may be obtained.

Buyers' Guide

An important section of the Directory is the Buyers' Guide which lists the products and services of the leading firms serving the hospital field.

Cobalt Bomb for New Zealand

New Zealand's first cobalt bomb for the treatment of cancer is to be supplied by Atomic Energy of Canada Ltd. The cobalt-60 teletherapy unit, which costs about $45,000 and weighs three tons, will be installed in Christchurch, N.Z., as the gift of a philanthropist, Sir Arthur Sims.

Correspondence Courses Aid Parents of Deaf Children

The John Tracy Clinic, Los Angeles, California, sponsors a rather unusual correspondence course—one which is designed to help parents of deaf children. The clinic, itself, was opened in Los Angeles in 1942, by Mrs. Spencer Tracy, whose son John was deaf. Mrs. Tracy could remember vividly the difficulty she had encountered in finding ways of helping John when he was a small boy and, when mothers of deaf children asked her help, she proceeded at once to organize meetings for them. From this small beginning grew the John Tracy Clinic which is located on the campus of the University of Southern California. It has a staff of 15, including teachers of the deaf, nursery school teachers, an audiologist, a psychologist, office workers, and three staff members who look after the correspondence course. There are facilities for hearing and psychological tests, classes for parents, and an experimental nursery school for mothers and young deaf children, mother and child entering as a unit. There is a six weeks' summer session for mothers and children, as well as a training course for nursery school teachers of the deaf.

The correspondence course was initiated in 1943 and, during the past 11 years, it has sent lesson material to 5,720 families in all parts of the world. It covers one year of work which any untrained mother or father can offer a pre-school deaf child and includes the first lessons in lipreading, language, sense training, acoustic training and speech preparation. It is mailed in twelve monthly installments and the parents are expected to write monthly reports, all of which receive personal replies.

The lessons are sent free of charge to parents of deaf children anywhere in the world. They have gone to 48 different countries and have been translated into many different languages including: French, Spanish, Portuguese, and a number of others, ranging from Chinese to Slovak.—

From "The Hearing Eye", official publication of the Canadian Federation for the Hard of Hearing, Toronto, Ont.

Let all your precepts be succinct and clear,
That ready wits may comprehend them soon,
And faithful memories may hold them long.—*Horace*

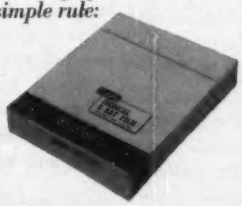
All-important details . . .

● No matter whether he is at home, "lost" in the enjoyment of his hobby, or at his office, absorbed in his profession, the radiologist is critically concerned with all-important details. Knowledge and accuracy must go hand in hand. To be sure of results, then, he needs to be sure that all factors are carefully controlled.

No wonder that so many radiologists specify Kodak Blue Brand X-ray Film and Kodak x-ray chemicals. Particularly, since film and chemicals are made to work together—to produce uniform dependable results.

For superior radiographic results, follow this simple rule:

Use Kodak Blue Brand X-ray Film



Process in Kodak Chemicals (LIQUID OR POWDER)

Order from your x-ray dealer

CANADIAN KODAK CO., LIMITED, Toronto 9, Ontario

Kodak

TRADE-MARK

From the Code of

Hospital Ethics

IN 1941 a Joint Committee on Ethics, set up by the American Hospital Association and the American College of Hospital Administrators, under the chairmanship of Harvey Agnew, M.D., then executive secretary of the Canadian Hospital Council, drew up a code of ethics for hospitals. The code was adopted by both organizations and subsequently approved by the Canadian Hospital Council. It was last reprinted in this country in 1948. For the information of those who are new to the hospital field, the "code" will appear in these pages in three parts, one here and in the next two issues—*Edit.*

General Principles

The Objectives of the Hospital

To render care to the sick and injured is the primary responsibility of the hospital, financial return and other interests should be of secondary consideration.

In addition, it is the duty of the hospital to advance scientific knowledge, to further the education of all participating in its work, and to take an active part in the promotion of general health.

The Trustees

It is the duty of the governing body:

a. To determine the policies of the institution with relation to community needs;

b. To provide equipment and facilities consistent with community needs for the patients entrusted to their hospital;

c. To see that proper professional standards are maintained in the care of the sick;

d. To co-ordinate professional interests with administrative, financial, and community needs;

e. To ensure adequate financing by securing sufficient income and by enforcing businesslike control of expenditures;

f. To provide for the safe administration of funds given in trust;

g. To keep accurate records of its finances and activities;

h. To surround the patient with every reasonable protection, thereby fulfilling the moral and legal responsibility of the board; accordingly;

(1) It is the responsibility of the governing board to exercise proper care and judgment in the selection of a qualified administrator and of the medical, nursing, technical, and other personnel;

(2) Appointments should be made on a basis of merit and not because of political connection or favouritism;

(3) No member of the board should expect to profit by his connection with the hospital.

The Medical Staff

The medical staff should be properly organized; only qualified doctors of medicine legally licensed to practise in that state or province shall be admitted to membership. Desire to obtain or retain patronage should never lead the governing board to accept other than a rigid standard of competence and procedure on the part of the physicians permitted to work in the hospital.

The utmost care must be exercised to ensure that the welfare of the patient is entrusted only to conscientious, sober, and faithful physicians of upright character, sound morals and good reputation.

It is the responsibility of the medical staff and of the governing board of the hospital to safeguard the interests of the public so that no member of the medical staff or other practitioner shall be permitted to undertake any procedure for which he is not fully competent. Reluctance to interfere, pecuniary gain, or any other factor must never be permitted to jeopardize the welfare of the patient or the reputation of the hospital.

For the protection of the patient in all serious or doubtful cases there should be adequate consultation.

The Personnel

The hospital should exercise due care in the selection of personnel who can meet the requirements of the positions they undertake and, conversely, the hospital should provide salaries and conditions of employment which are commensurate with community standards and which will permit the personnel to render effective service to the institution.

Medical Records

The efficient hospital, realizing the utmost importance of complete and adequate clinical records, should provide proper facilities for the recording and filing of such data and should encourage the interest of its medical and nursing staffs in this valuable procedure.

It is the responsibility of the hospital and its personnel to safeguard the clinical records of the patients and to see that such records are made available only to properly authorized individuals or bodies.

Solicitation for Patients

There should be no solicitation for patients by a hospital or by any person connected with it.

Publicity

Fully recognizing that the press and radio are excellent vehicles of public education and, as agencies of public information, likewise have a community responsibility, it must be appreciated that the hospital has a great responsibility to the patient and to the professional groups represented in its organization.

Information relative to patients, except as required by law, should not be given without the consent of the patient or the patient's immediate family and the patient's physician.

Information relative to research and scientific projects should not be made public without the consent of the individual involved nor in a manner to conflict with the ethics of the professional group concerned.

Information relative to the activities of a hospital should not be designed to secure comparative advantage over other hospitals or personal aggrandizement of any individual.

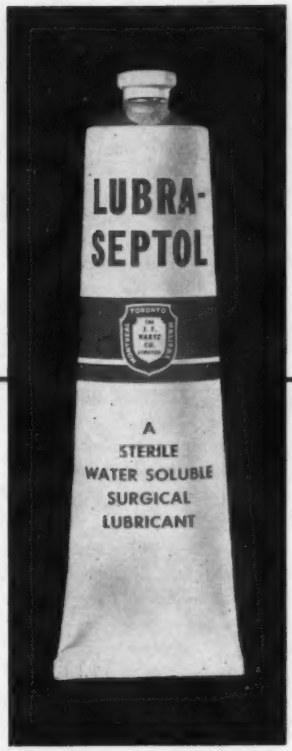
At all times, there must be strict adherence to the truth, unadulterated either by exaggeration or by incomplete and misleading statements.

Relationship to Public Health and Welfare Organizations

The hospital should co-operate as far as possible with the public health authorities in furthering the health

(Concluded on page 104)

..... "and it's easy on the Budget"



HARTZ LUBRA-SEPTOL

Sterile Surgical Lubricant

AN AID TO VAGINAL, URETHRAL AND RECTAL EXAMINATIONS

This smooth water soluble lubricating jelly facilitates the introduction of catheters, speculae, sigmoidoscopes, sounds, etc., with the least amount of discomfort to the patient.

A transparent coating of Lubra-Septol acts as a protective film between surgical instruments and sensitive human tissue.

Lubra-Septol does not injure metal instruments, web or rubber catheters because it is a non-corrosive, non-greasy, bland formula of carefully blended ingredients.

Lubra-Septol is supplied in 2 oz. and 6 oz. tubes.

SERVING CANADIAN HOSPITALS SINCE 1900

THE J.F. HARTZ CO. LIMITED
TORONTO
MONTREAL & HALIFAX

◂ Health Care Plans ▸

The "Mounties" Benefit from Blue Cross National Group Contract

E. Duncan Millican, chairman of the Canadian Council of Blue Cross Plans, has announced that the married members of the Royal Canadian Mounted Police across Canada are the first to enrol, as a group, in the Council's National Group Contract for hospitalization. The National Group Contract was recently developed by the five Canadian Blue Cross Plans to provide uniform protection for organizations with employees in more than one province.

As R.C.M.P. constables are covered for hospitalization as part of their employment, their enrolment in Blue Cross is to cover their wives and children. Covered under the contract, also, are civilian employees and their dependents. This uniform national contract is particularly advantageous to an organization such as the Royal Canadian Mounted Police whose personnel are frequently transferred from province to province.

* * * *

Ontario Blue Cross Representatives Hold Meeting in Toronto

The annual meeting of the Ontario Hospital Association's Blue Cross representatives was held at the Association's headquarters in Toronto, last January. At that time, some 50 men and women who serve as field representatives in various parts of Ontario met to discuss the many facets of providing prepaid hospital care to people throughout the province. Qualified speakers addressed them on various phases of their work and there were a number of discussion periods, highlighted by a panel discussion at the final session.

As a special feature, the group was addressed by James E. Stuart, executive director of the Cincinnati Blue Cross Plan, who spoke on the subject: "The Task Before Us". Mr. Stuart described Blue Cross as a social service which is meeting a social need. He pointed out that Blue Cross is designed to provide adequate protection to the greatest possible number of people at the lowest possible cost; to help finance hospitals; and to solve the financial problem of caring for the sick. "Blue Cross", he said, "became popular because it meets the people's need in the field of health and it is non-profit because the profit motive does not come into the Blue Cross concept".

* * * *

Enrolment Figures Climb in Ontario Blue Cross Plan

At a recent meeting of the board of directors of the Ontario Hospital Association, it was reported that if the present rapid rate of enrolment in the Blue Cross Plan for Hospital Care in Ontario continues, figures will reach the two million mark by mid-year. At the end of 1954, the total effective enrolment was 1,921,607, reported D. W. Ogilvie, director.

During the meeting, it was noted that the average daily hospital cost is still rising about .7c each month, despite continued efforts on the part of trustees and administrators to be as economical as possible in hospital operation. During 1955, the Ontario Blue Cross plan will pay almost three million dollars monthly to cover the costs of hospitalized participants.

* * * *

Blue Cross Progress in Manitoba

Increased benefits and rising hospital costs will not affect Blue Cross rates for 1955, according to F. D. McCharles, executive director of the Manitoba Hospital Service Association. Mr. McCharles reported a "very good year" for the MHSA with an operating surplus of $400,000. Added to the previous surplus of $500,000, the sum is approaching the objective of $1,000,000 for emergency epidemics. Some $90,000 of an expected $135,000 increase in costs will go to hospitals as their budgets show considerable increase for 1955. The remainder will be used to increase maternity care allowances from $75 to $80 for semi-private accommodation and to remove the $15 deductible provision on second and third admissions to hospital for treatment of the same illness. Patients will still pay the first $15 of the bill, for the first admission if they are on non-group or community contracts under which they are required to make such payments. Rural subscribers will be offered two new contracts. One, at a higher rate, will provide service without any deductible clause, while the other at a lower rate, will give usual subscribers' service under which they pay the first $25. Until this time, rural subscribers have only been able to purchase contracts with a $15 deductible clause.

* * * *

Health Insurance in Sweden

In 1954, 70 per cent of the population of Sweden had medical care insurance on the basis of payments made voluntarily to "sickness societies" or "funds" which were heavily subsidized by the state. In January of this year,

(Concluded on page 112)

At the Toronto meeting of Blue Cross representatives are, from the left: D. W. Ogilvie, director of the Ontario plan; James E. Stuart, executive director of the Cincinnati Blue Cross Plan; and Stanley W. Martin, Associate Executive Secretary-Treasurer of the Ontario Hospital Association.

SERVICE

is more than a word to us...

To us the word Service is synonymous with Success. When we were young in this business, we decided that if we were selling the finest Electro-Medical Equipment available, we should also provide the finest service facilities for it.

TORONTO	HALIFAX
MONTREAL	SUDBURY
WINNIPEG	QUEBEC CITY
VANCOUVER	CALGARY
ST. JOHN, N.B.	OTTAWA
WINDSOR	REGINA
EDMONTON	SASKATOON

WHATEVER YOUR ELECTRO-MEDICAL EQUIPMENT SERVICE REQUIREMENTS, CALL IN

Exclusive Canadian Distributors and Servicers for Keleket X-Ray Corporation, Sanborn Company, The Liebel-Flarsheim Company, Siemens-Reiniger-Werke, Georg Schonander, AB and Offner Electronics Inc.

Provincial Notes

British Columbia

VICTORIA. The new 104-bed, $450,000 Gorge Road Hospital was officially opened in January. Long-term patients are accommodated in the new hospital.

Alberta

LETHBRIDGE. The provincial government has purchased $600,000 worth of debentures, which the Lethbridge Municipal Hospital Board is selling to help finance the erection of its $730,000 nurses' residence. The tunnel connecting the nurses' residence with the main hospital has been completed and construction work on the residence is progressing favourably.

* * *

MCLENNAN. A new 30-bed, three-storey addition was officially opened at the Sacred Heart Hospital in January. Estimated cost of the addition was $475,000, which included a new chapel. The opening of the new addition, coincident with the 25th anniversary of the hospital, climaxed work which began in July, 1953.

Saskatchewan

MELVILLE. The Melville Rotary Club has donated $2,000 to St. Peter's Hospital in commemoration of the 50th anniversary of the founding of the Club. The money will be used to purchase new equipment for the hospital's operating room.

* * *

SASKATOON. The first phase of the construction program under way at the Saskatoon City Hospital, a new four-storey central block, is now practically finished. This part of the program cost about $625,000. It is expected that tenders will be called on the next phase of the more than $2,000,000 modernization program shortly. This part will include the demolition of the old centre block and the addition of storeys to the connecting sections between the east and west wings. When the old centre block is demolished, a new structure will go up in its place where space will be allotted to a lecture theatre, a new dietary department, storerooms, and other facilities. This section likewise will be joined to the connecting sections between the east and west wings and to the new centre block.

Manitoba

CARMAN. The auditor's report for the Carman Memorial Hospital district No. 20 showed a profit of $3,734 for the hospital in Carman and a deficit of $5,000 for the year at the Roland and Miami units.

* * *

WINNIPEG. Plans for the main seven-storey addition to the Winnipeg General Hospital have been completed and it is expected that tenders will be called this summer. The new wing will face Alexandra Park and will connect the present east and west wings. Architects for the construction and renovation project are Moody and Moore, Winnipeg.

Ontario

BRANTFORD. The new $532,000 laundry and power plant at the Brantford General Hospital has been officially opened. The new plant is the first step in a multi-million dollar expansion program which will substantially increase the hospital's bed capacity.

* * *

BLIND RIVER. Steady progress is being made on the construction of an addition to St. Joseph's Hospital. New mining developments in the area have resulted in heavier demands on the hospital and the $100,000 addition will enable the hospital to serve a wider area.

* * *

HANOVER. It is expected that the addition to the Hanover Memorial Hospital will be completed and ready for use early in May. The extension will add 30 beds to the hospital's present capacity of 16 and nine bassinets to the present total of three.

LONDON. The Victoria Hospital Trust has announced that bequests totalling $13,979 have been left to the War Memorial Children's Hospital. The money was left to the hospital by residents of the area.

* * *

NIAGARA FALLS. Tenders will be called shortly for the new Greater Niagara General Hospital. Proposed plans for the hospital call for 202 beds and 60 bassinets. The main building will be three storeys high with several single storey wings extending from it. Cost of the new hospital is estimated at approximately $3,000,000.

* * *

OTTAWA. Governor General Vincent Massey opened the new $750,000 Nursing Education Building at the Ottawa Civic Hospital in January. Two storeys high with full basement, the building contains a new library, well-lighted classrooms, separate rooms for practical training, lounge space, and 700 lockers.

* * *

PARRY SOUND. A children's ward of four rooms has been opened at the Parry Sound General Hospital. Several local organizations have co-operated to furnish the rooms.

* * *

PETERBOROUGH. Federal and provincial grants totalling $24,000 have been approved for the mental health clinic at the Peterborough Civic Hospital, now being constructed in the unfinished basement of the east wing. The clinic, which is scheduled to open shortly, will have offices for the psychiatrist, psychologist, social service worker, and their secretaries. The clinic also contains a waiting room, shock treatment room, and recovery room containing six beds. A special air conditioning unit, and suction and oxygen units are also being installed; the two latter units will be connected to the communicable disease ward immediately above the mental health clinic.

* * *

PORT CREDIT. The South Peel Hospital Board has approved a proposal to extend the planned hospital from 74 to 108 beds. The purpose of the extension is to permit increased accommodation for children. Under the original plans there were six children's

(Concluded on page 114)

modern design...

flexdoor

the new way to save space!

THE RIGID PANELLED FOLDING DOOR— NOT THE DRAPE TYPE

SPECIFICATIONS

Flexdoors consist of a plurality of rigid flame resistant panels which are connected by hinges of flexible material so that the panels can be folded in accordian-pleated manner. The flexible material consists of flame resistant vinyl sheeting pressure bonded to both sides of rigid panels making a continuous decorative covering. The assembly is supported from the top by means of a track and nylon slides.

- MADE OF SOLID PANELS
- COLOUR FUSED TO UNDERSIDE OF COVERING MATERIAL
- SOUND-RESISTANT
- NYLON SELF-LUBRICATING SLIDES
- EASILY INSTALLED
- INGENIOUS LOCKING DEVICE
- EIGHT ADAPTABLE SHADES*
- AVAILABLE IN ANY SIZE UP TO 12 FT. HIGH
- ONLY 4½ INCHES THICK

ANOTHER *do-it-yourself* INSTALLATION

A sturdier folding door of solid Masonite Presdwood panels covered with durable Vinylite, a scrubbable material with colour fused to the underside which doesn't crack, chip or peel. Flexdoor folds neatly against the jamb, freeing space ordinarily stolen by swinging doors. It slides freely and silently on nylon self-lubricating studs in an aluminum track specially designed to trap light. Studs are concealed in the track. Flexdoors have bar-type chrome handles with a unique locking device.

No matter what your project, utilize space with Flexdoor . . . special sizes made to order.

*Shades to harmonize with almost any colour scheme: light grey, light grey-green, light coral, sunshine yellow, light blue-green, dark wine, tan or red. For large quantities, special colours made on request.

PAUL COLLET & CO. LTD.

(Manufacturers of Kalistron and Flexdoors)

Head Office
LAURENTIEN HOTEL, MONTREAL, QUE.

Toronto Office
628 ST. CLAIR AVENUE WEST

Coming Conventions

March 21-25—A.H.A. Institute on Nursing Service Administration, Hotel Statler, Buffalo, N.Y.

March 25-26—Annual Meeting of the Canadian Physiotherapy Association, Ritz Carleton Hotel, Montreal, P.Q.

April 18-22—A.H.A. Institute on Engineering, King Edward Hotel, Toronto.

May 2-6—National League for Nursing Convention, Kiel Auditorium, St. Louis, Mo.

May 6-7—Annual Meeting of the Catholic Hospital Association of Canada, Ottawa.

May 6-7—A.H.A. Institute on Insurance for Hospitals, Palmer House, Chicago.

May 9-11—Canadian Hospital Association Biennial Meeting, Chateau Laurier, Ottawa.

May 9-11—National Council of Women's Hospital Auxiliaries Association Convention, Chateau Laurier, Ottawa.

May 15-20—Annual Meeting of the Catholic Hospital Association of the United States and Canada, St. Louis, Mo.

May 30-June 3—Maritime Hospital Association Convention, Prince of Wales College, Charlottetown, P.E.I.

May 30-June 3—Ninth International Congress of the International Hospital Federation, Lucerne, Switzerland.

June 5-8—Annual Meeting of the Canadian Society of Laboratory Technologists, Bessborough Hotel, Saskatoon, Sask.

June 6-10—A.H.A. Institute on Public Relations, Knickerbocker Hotel, Chicago.

June 6-11—Annual Convention of the Canadian Tuberculosis Association, Winnipeg, Man.

June 10-11—Associated Hospitals of Alberta, University of Alberta, Edmonton.

June 13-16—A.H.A. Institute on Central Service Administration, Sheraton-Mt. Royal Hotel, Montreal, P.Q.

June 13-18—Western Canada Institute for Hospital Administrators and Trustees, University of Alberta, Edmonton.

June 20-24—Conjoint meeting of the British Medical Association, the Canadian Medical Association and the Ontario Medical Association, Royal York Hotel, Toronto, Ont.

June 27-29—Canadian Dietetic Association Convention, Royal York Hotel, Toronto Ont.

June 27-29—Annual Meeting of the Comité des Hôpitaux du Québec, St. Palais du Commerce, Montreal, P.Q.

Aug. 13-14—Institute on Hospital Pharmacy, Vancouver, B.C.

Aug. 15—Annual Meeting of the Canadian Society of Hospital Pharmacists, Vancouver, B.C.

Sept. 7-10—Annual Meeting of the Canadian Society of Radiological Technicians, Windsor Hotel, Montreal, P.Q.

Sept. 17-19—Annual Meeting of the American College of Hospital Administrators, Traymore Hotel, Atlantic City, N.J.

Sept. 19-22—Annual Meeting of the American Association of Hospital Consultants, Atlantic City, N.J.

Sept. 19-22—American Hospital Association Convention, Atlantic City Convention Hall, Atlantic City, N.J.

Oct. 11-14—British Columbia Hospitals' Association Convention, Vancouver.

Oct. 24-26—Ontario Hospital Association Convention, Royal York Hotel, Toronto, Ont.

Oct. 24-26—Annual Meeting of the Saskatchewan Hospital Association, Bessborough Hotel, Saskatoon, Sask.

Oct. 29-31—Annual Meeting of the Canadian Association of Occupational Therapy, Toronto, Ont.

Old Hospital Records Transferred to New Building

With the Montreal General Hospital nearing completion on its new site, there are many busy days ahead for the hospital's staff. Already records dating back to 1822 have been packed and trucked to the new building, under the supervision of Dr. H. E. MacDermot, registrar and historian at the hospital. One of the oldest items to be moved is an admission book dated the year the hospital first received patients. It lists the patient's name, religion, illness or disease, and who sent him to the hospital. Among items of interest in the hospital's archives are medical diplomas which bear the name of a staff member, Lt. Col. John McRae, doctor-poet-soldier, who wrote "In Flanders Fields" and who died overseas in 1918.

Training Psychiatric Nurses

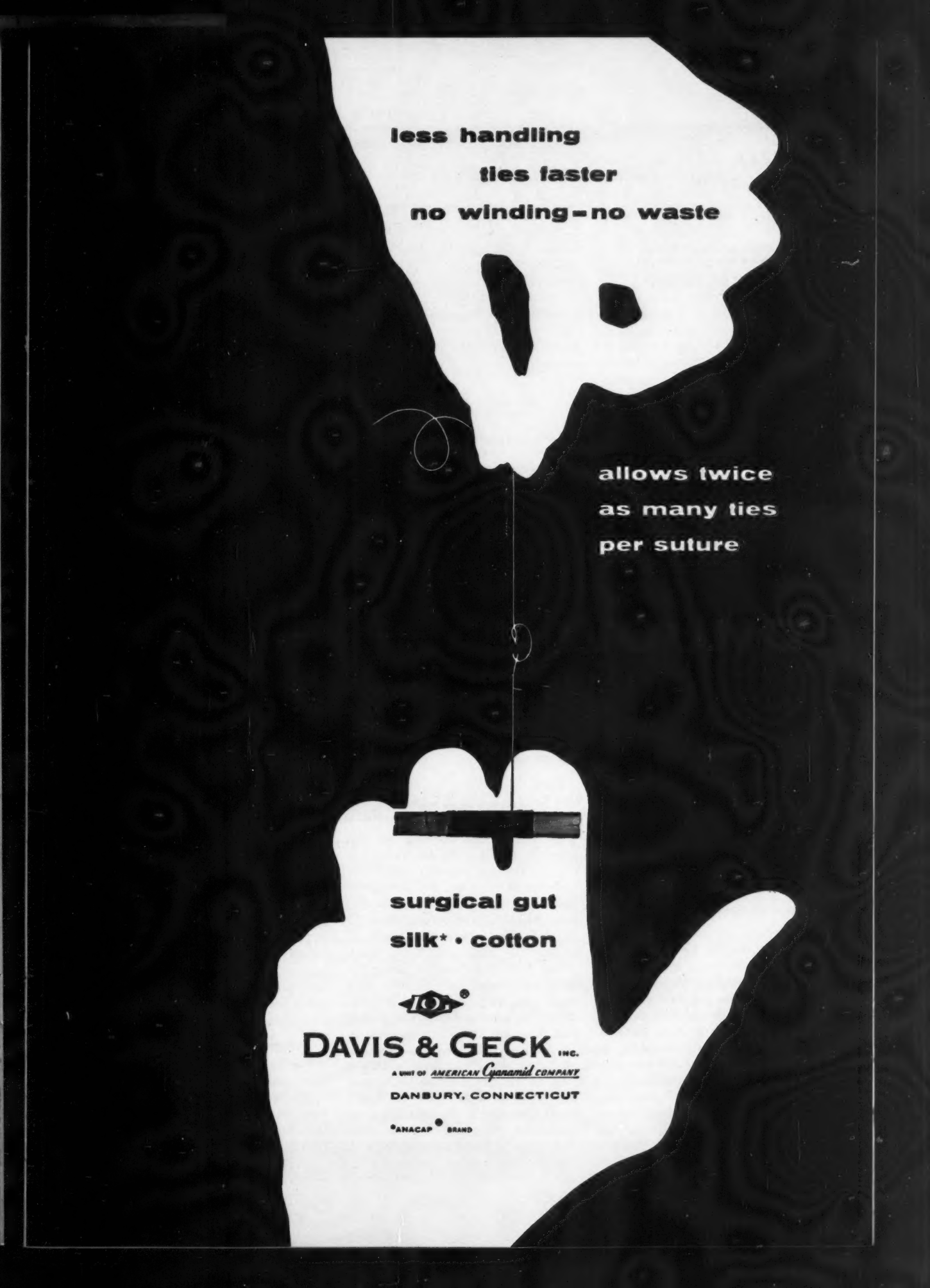
At the Toronto Psychiatric Hospital, attached to the University of Toronto, students from five nursing schools in the Toronto area take a 12-week course in psychiatric nursing. A growing number of nursing schools across Canada are taking up similar affiliations with mental institutions.

Elizabeth Bregg, director of nursing at the Toronto Psychiatric Hospital, believes that many hundreds of student nurses, who are training in Canadian mental institutions, are learning how to handle their own emotional problems as well as those of their patients.

"Unfortunately, many mental institutions have inadequate facilities for training psychiatric nursing personnel", said Miss Bregg. "But the need for these nurses is extraordinary. On an average, there is one nurse for every 700 patients in Canadian mental institutions. One authority has estimated that adequate care should be based on a ratio of at least one nurse for every six patients".

Gifts of Phrase

Authors of every sort leave their spirits in their books and, when you wish them to, these spirits will take you by the hand and lead you to the realms of gold where you will many goodly kingdoms see. And they will so appreciate your notice that they will press upon you their gifts of phrase and story and will so enrich you that they will become your most cherished company.—*J. C. Hossack, M.D., C.M.*


less handling
ties faster
no winding–no waste
allows twice
as many ties
per suture
surgical gut
silk* • cotton
DAVIS & GECK INC.
A UNIT OF AMERICAN Cyanamid COMPANY
DANBURY, CONNECTICUT
*ANACAP BRAND

With the Auxiliaries

Auxiliary to Calgary General Purchases Needed Equipment

More than $3,000 was spent by the Calgary General Hospital's ladies' auxiliary in 1954 to purchase two resuscitators, an incubator, and an obstetrical table for the hospital, it was reported at a recent annual meeting. Convenors' reports showed that an outstanding amount of voluntary work was done by members of the group. Members of the arts and crafts committee taught hospital patients leatherwork, copper wiring, and beadwork. Samples of the patients' work were sold at the group's annual tea and two pictures were drawn for, netting $15.60. This money was then donated to the patients to enable them to carry on their craftwork. Each Thursday members of the auxiliary work at the cancer dressing station; two days a week volunteers prepare dressings at the central supply service; each afternoon other volunteers spend time with the children in hospital and, during the past year, $500 was spent on toys; other members work on the desk at the maternity ward each night; Monday and Tuesday afternoons members of the library committee distribute books to patients; and the auxiliary also handled the checking concession at the Calgary Stampede. Part of the money for the group's hospital project was made at a spring tea when $900 was realized, with more than half of this amount coming from the sale of sewing.

* * * *

Busy Year for Auxiliary to Queen Elizabeth Hospital, Montreal

Net receipts for the year 1954 were reported at $4,339 for the women's auxiliary to the Queen Elizabeth Hospital, Montreal, P.Q. Major expenditures included the purchase of a $500 bond to add to the auxiliary's endowment fund, bringing it to $11,000; $1,943 was spent on refurnishing the hospital's fourth floor; $90 was given to the social service department; and $362 was donated for a scholarship for a student nurse. The bank balance stands at $2,730. The visiting committee made 734 visits to new mothers, enrolling 714 in the Birthday Club. Surgical dressings for the central supply room and the out-patient department were made. Hours worked by volunteers totalled 3,000. The membership convenor reported that there were 163 regular members, 23 associate members, and 10 life members.

* * * *

Auxiliary at Oakville, Ont. Raises $6,963 for Hospital

Total receipts of $6,963 for 1954, an increase of $2,200 over the previous year, were reported at the annual meeting of the women's auxiliary to the Oakville-Trafalgar Memorial Hospital, Oakville, Ont. A large percentage of the revenue came from the garden tours, held in June, which netted $3,218; the Carnation tag day in May, the net proceeds from which totalled $1,127; and membership fees and donations made up the balance. Equipment and furnishings valued at $3,565 were donated to the hospital during the year. Included in the purchases were: an air-conditioner; furnishings for the nursery; curtains; magazines; and furnishings for the nurses' quarters. The auxiliary has a total membership of 307, including 24 life members.

* * * *

Auxiliary Helps Furnish Health Centre for Children, Vancouver

At the annual meeting of the women's auxiliary to the Vancouver General Hospital's Health Centre for Children, Vancouver, B.C., members learned that the income for 1954 has been $13,126, with expenditures of $17,647. The income was made up in part by bottle collections, which netted $1,857; the garden party, $4,353; the annual ball, $4,989; rummage sale, $664; and a cookie raffle, $340. The membership report showed that there are 119 active members in the auxiliary, 42 associate members, and nine junior members, making a total of 170, an increase of 37 over the previous year. The auxiliary's funds were used to purchase new x-ray equipment, furnishings for the entire first floor of the Centre, furnishings for the play therapy room, and the draperies and paint for the decorating of the building.

* * * *

Auxiliary to Have New Gift Shop at Women's College Hospital, Toronto

The women's auxiliary to Women's College Hospital, Toronto, Ont., held its annual meeting recently. It was reported that the auxiliary had presented the hospital with $4,346 worth of equipment during the year. Fund-raising activities included "January Nite", spring and fall teas, and the gift shop. The auxiliary has decided to furnish a room, at a cost of $1,500, in the new wing, which is under construction. The room will be named in honour of the late Laura M. Lytle, who was president of the auxiliary at one time and also president of Women's Hospital Auxiliaries Association, Province of Ontario. The convenor of the gift shop reported that the shop had netted a total of $970 during December and that it is expected that, with the completion of the southwest wing, the new shop would produce sales of $1,200 or more per month. The new gift shop will be located in the southeast section of the main foyer and the foyer wall of the shop will be glass from floor to ceiling.

* * * *

Guild Aids Children's Hospital Winnipeg, Man.

During 1954, the McKinnon Guild contributed $8,041 to the Children's Hospital, Winnipeg, Man. This amount represented the largest sum which the members have raised and handed over to the hospital, according to the treasurer's report to the 25th annual meeting. A special event to mark the quarter century celebrations was the Jamaican Jamboree which brought in $2,669. The Nearly New Shop showed a profit of $3,006. Another means of revenue for the guild was selling advertising for the House Builders booklet, sold at the annual house exhibition in the Civic Auditorium, which brought in $1,544.

* * * *

Auxiliary Helps Building Fund

The imposing sum of $58,217 has been raised through various projects by the women's auxiliary to the Sudbury Memorial Hospital, Sudbury, Ont., for the hospital's building fund. During the past year, the amount of

(Concluded on page 116)

Speeds Glove Sorting

A COLOR FOR EVERY SIZE

Size 6½ - Blue Band . . . Size 7 - Red Band
Size 7½ - Black Band . . . Size 8 - Green Band
All other sizes - Yellow Band

New Color Band size code combined with Multi-Size Markings makes Rollprufs twice as easy to spot in sorting pile. Glove sorting is easier, faster and less expensive.

Rollprufs' exclusive flat-banded beadless cuffs stay in place over sleeves—no roll to roll down. Flat banding strengthens cuffs, reduces tearing.

Only finest virgin latex is used for PIONEER Rollprufs. Specially processed by PIONEER, Rollprufs are chemically stable, no offensive odor—stand many extra sterilizations. Sheer for utmost fingertip sensitivity.

Specify PIONEER Rollprufs for extra money-saving features.

DISTRIBUTED IN CANADA EXCLUSIVELY BY:

In Montreal:
Pierre Mercier & Cie Ltee

Fisher & Burpe Limited

PHYSICIANS AND HOSPITAL SUPPLIES

TORONTO • WINNIPEG • EDMONTON • VANCOUVER

Here and There

Nursing in Japan

(Following a visit to Japan and Korea in April and May, 1954, Daisy C. Bridges, C.B.E., executive secretary of the International Council of Nurses, gave a report outlining nursing services in these countries. Exerpts from this report, first published in the "International Nursing Review" appeared as below in the "News Bulletin" of the International Hospital Federation, December, 1954.)

THE FIRST nursing schools in Japan were established in Tokyo in 1884 and in Kyoto in 1886, both through the efforts of American nurses. In 1889, the Tokyo University Hospital started to conduct a nursing school; in 1890, the first Red Cross School was set up in conjunction with the Red Cross Hospital in Tokyo; in 1904, St. Luke's Hospital and Nursing School were opened. Up to that time, there was no standardization of nursing curricula; but registration of midwives was established in 1899, of nurses in 1915, and of public health nurses in 1945.

During the recent war, nursing education suffered from curtailment in time and content and, by 1945, many hospitals and schools of nursing in the principal cities had been destroyed or damaged. In 1945, a Nursing Education Council was organized, with the guidance and help of American nurses then resident in the country. As a result of its activities, a National Law for Nurses was passed in 1948. At the same time a Nursing Affairs Section was set up in the Medical Affairs Bureau of the Ministry of Health and Welfare, to be responsible for the registration of nurses and midwives, for the practice of nursing and midwifery, and for the supervision of schools for the training of nurses, midwives, and public health nurses.

Basic nursing education is now of three years' duration. and, for the whole of Japan, there are 153 accredited schools of nursing at present. All students must have had 12 years of general education prior to admission. The curriculum of the schools is kept under constant revision by the Nursing Affairs Section and an attempt is being made to integrate the principles of public health and the social aspects of medicine into the curriculum.

In 1952, a two-year training period, following nine years of general education, was established by law for assistant nurses and now there are 380 training schools for assistant nurses functioning throughout the country. This is constituting an alarming problem. Although it has to be recognized that there are insufficient professional nurses qualified by basic nursing education, nevertheless the number of assistant nurses available for practice in 1954 (most of them had entered schools for assistant nurses at the age of 16 years or less) requires a proportionate number of professional nurses qualified to supervise them. At present, Japan lacks adequate numbers of suitably prepared administrative and supervisory personnel to undertake this tremendous task—a situation which is causing the Nursing Affairs Section and the Professional Nurses' Association much concern.

Until recently, the administration of nursing service in all hospitals has been the responsibility of the hospital director (usually a doctor) or the business manager (a lay official). Nurses have worked mostly in outpatients' departments, while almost all in-patients have been cared for, day and night, by a member of their family or by an attendant employed by themselves. This so-called "family" system still prevails to some extent, more especially in hospitals in rural areas. The head nurse in the ward assists the doctor and helps with the examination of patients. It is the nurse's chief function to take temperatures, give medicines, and serve meals. There is little appreciation of the advantages of expert bedside care and opposition on the part of doctors to the advancement of nursing on a true professional basis. In consequence, although a good standard of theoretical education is laid down for schools of nursing and is already carried out in most schools, clinical experience is lacking and it is difficult for students to carry out in practice what they have been taught in theory.

In a *Report on Nursing and Midwifery in Japan*, published in 1953, by the Nursing Affairs Section of the Ministry of Health and Welfare, the following points were made:

"One may wonder why the efforts of modern nursing did not succeed in Japan. It becomes more understandable with a study of the social background of women. It was generally accepted that the status of women should be lower than that of men. In the feudalistic society which existed, women were dependent on men, due to long influence of Confucianism which held women in contempt; such attitudes towards women were established by order of the ruling class. Women, therefore, were never engaged in business or given an active part in society. Girls of good family were brought up under strict supervision in the home. It was only a strong compulsion that caused a woman to follow a career, and this was commonly considered to be so shameful that everyone tried to keep it a secret. Occasionally, some ambitious girls chose nursing because of a desire to become independent and self-supporting. Professional education, however, was not considered necessary for their preparation.

"Medical practitioners belonged to the ruling class in society. Therefore, relations between the medical practitioners and nurses were naturally as those between rulers and their subordinates.

"Such a social background hampered the improvement of the social status of nursing as a profession. As medical education has developed, its social level has been raised, while nursing has been at a standstill. Even now, when women are being afforded greater privileges, the public is slow to recognize nursing as an intellectual

(Concluded on page 106)

a stand-by in serious infections . . . Chloromycetin®

Clinical reports from many lands confirm the value of CHLOROMYCETIN (chloramphenicol, Parke-Davis) in a wide variety of bacterial, viral, and rickettsial infections. More than 11,000,000 patients have been treated with this important antibiotic.

A truly outstanding therapeutic agent, CHLOROMYCETIN is available in a number of convenient forms:

CHLOROMYCETIN Kapseals,® 250 mg., bottles of 16 and 100.

CHLOROMYCETIN Capsules, 100 mg., bottles of 25 and 100.

CHLOROMYCETIN Capsules, 50 mg., bottles of 25 and 100.

Suspension CHLOROMYCETIN Palmitate, equivalent to 125 mg. Chloromycetin per teaspoonful (4 cc.), 60-cc. vials.

CHLOROMYCETIN Ophthalmic, 25 mg., dry powder for solution, individual vials with droppers.

CHLOROMYCETIN Ophthalmic Ointment, 1%, ⅛-oz. collapsible tubes, in packages of 1 and 6.

CHLOROMYCETIN Cream, 1%, 1-oz. collapsible tubes.

CHLOROMYCETIN Otic, 0.5% Chloromycetin with benzocaine and propylene glycol, 15-cc. vials with droppers.

CHLOROMYCETIN-Hydrocortisone Ophthalmic, 12.5 mg. Chloromycetin, 25 mg. hydrocortisone acetate, together with appropriate buffer and preservative, dry material in 5-cc. screw-capped vials with droppers.

CHLOROMYCETIN for Solution Ampoules, 500 mg. Chloromycetin dry material per ampoule with 2-cc. ampoule of 50% N,N-dimethylacetamide for solvent, packages of 10 sets.

CHLOROMYCETIN Intramuscular Steri-Vials,® dry material sufficient to permit suspension and withdrawal of 2.5 cc. containing 1.0 Gm. Chloromycetin.

CHLOROMYCETIN Sensitivity Discs; 10 mcg., 30 mcg., and 60 mcg.; bottles of 25.

PARKE, DAVIS & CO., LTD. MEDICAMENTA VERA **WALKERVILLE, ONTARIO**

Ont. Accounting Institute

(Concluded from page 52)

tain the confidence of the public which they serve, hospital officials must be fully informed of all the economic facts associated with the operation of their hospitals.

Reporting Schedules

A substantial portion of time was devoted to the detailed examination of the reporting schedules, with the speakers making explanatory comments on the requirements of the reports, based on the handbook of definitions and instructions and on explanations contained in the accounting manual. Following the presentation of each section of the schedules, discussion and question periods were held, in general sessions and also divided into six groups, according to the type and size of hospital represented.

Eric R. Willcocks, assistant superintendent, Toronto East General Hospital, spoke on the general statistical schedule. Stanley W. Martin, associate executive secretary-treasurer of the Ontario Hospital Association, covered the first section of the financial schedules dealing with operating income. Mr. Martin spoke from material prepared by S. G. Anderson, treasurer of the Ottawa Civic Hospital.

E. Carey Robinson, assistant superintendent of the St. Catharines General Hospital, handled the very important section of the financial schedules dealing with expenditures. Murry Ross of the Canadian Hospital Association discussed the source analysis of net earnings. C. K. Wright of Oshawa dealt with the statements in the schedule entitled "analysis of value and depreciation of plant assets" and "source and application of plant funds statement". In expounding means of carefully recording plant assets and accumulating depreciation allowances on a systematic basis, as described in the accounting manual, Mr. Wright described an abbreviated or summarized type of ledger found quite successful in his institution. Alfred T. Storey of the Owen Sound General and Marine Hospital reviewed the funded balance sheets and discussed items which were reported on these statements.

W. E. Cox of Guelph, Max B. Wallace of Toronto, and Rev. Sister Mary of the Assumption of Kingston, presided over the sessions devoted to the detailed examination of the reporting schedules. As the delegates divided into discussion groups, each group was allocated a leader and an assistant, as well as two members of the accounting committee, to guide discussion.

Cost Studies

Although somewhat apart from the general theme of the institute, a very capable presentation on the matter of cost studies in hospitals by D. D. Thornton, accountant, Toronto East General Hospital, aroused the interest of the assembly. As a basis for the establishment of hospital rates, the "get what we can, when we can, how we can" philosophy of hospital finance must be replaced by a clear-cut, straightforward attempt to base hospital charges on the facts of hospital operating costs, stated the speaker.

Conceding that cost studies require time and effort, which, in turn, cost hospitals money, Mr. Thornton emphasized that money spent for such a purpose would be well spent. Cost studies, he said, would point up inefficiencies and inconsistencies before they began draining off assets to the point of ruination.

He discussed different methods of conducting cost studies and variations which could be introduced. If the general approach suggested in Chapter 13 of the *Canadian Hospital Accounting Manual* was followed, he pointed out, good results could be obtained without excessive cost.

James T. Walker of McKellar General Hospital, Fort William, presided over a session devoted to statutory financial and statistical reports. Bernard R. Blishen, chief, Institutions Section, Dominion Bureau of Statistics, emphasized the over-all usefulness of such reports. Drawing on his own experience in visiting and assisting hospitals, Ocean G. Smith, hospital accounting consultant of the Ontario Hospital Association, spoke on "problems I have met".

Public Relations

An evening under the chairmanship of Stanley W. Martin was devoted to that subject of growing importance—public relations. Walter F. Saunders of Toronto, personnel representative of the Canadian Pacific Railway Company, gave an interesting as well as enjoyable account of some of his experiences and applied them to the subject "how to build good-will for your hospital". The speaker described good-will, as opposed to fear and other forces, as "the intangible asset that transcends all other values" and emphasized the need to instill and maintain in each staff member a desire to serve and to perform their various tasks in a manner pleasing to the public whom they serve.

D. W. Ogilvie, director of the Blue Cross division of the O.H.A., spoke on the development of plans for the prepayment of hospital care and, in particular, Blue Cross in Ontario. He compared the incidence of hospitalization, the length of stay in hospital, and hospital costs, over the past 14 years. Even a small reduction in any one of these three important factors in the cost of hospitalized illness, declared Mr. Ogilvie, would make a tremendous difference in the financial stability of Blue Cross. Continuing inflationary tendencies, he suggested, placed Blue Cross in the position where it was in danger of becoming unsaleable because of the cost of this type of protection.

Educational films dealing with the correct use of the telephone and "getting along with others" were also shown during the evening session. During this evening session and throughout the meeting representatives of the Blue Cross division and the Workmen's Compensation Board were available to discuss individual problems and answer questions for the delegates.

The final session of the institute took the form of a general review and roundtable discussion headed by a panel representing the faculty and committee members. A highly successful and useful institute! *M.W.R.*

Red Cross disaster services provide trained, capable people at the scene where and when the need is greatest—ready to do what you would if you were there. Help your Red Cross to help others.

LEUKOPLAST

The all-purpose adhesive for efficient hospital and medical use.

- WATER REPELLENT
- WHITE OR FLESH COLOUR
- LIGHTWEIGHT TEXTURE
- FLEXIBLE, EXTRA-STRONG FABRIC
- UNAFFECTED BY LONG STORAGE
- EXCELLENT ADHESIVE PROPERTIES
- HIGHLY RESISTANT TO TEMPERATURE CHANGES
- NON-IRRITATING TO NORMALLY SENSITIVE SKIN

Available in hospital rolls or snap-ring containers, in assorted widths.

"Leukoplast" is also available in waterproof quality.

ORIGINAL Beiersdorf PLASTER

For further information inquire at your wholesaler.

A-LS

QUEBEC CITY	Compagnie Médicale & Scientifique
MONTREAL	La Société Lessard & Fils
OTTAWA	J. Frank O'Meara Limited
TORONTO	Continental Surgical Supply Co.; Gilbert Surgical Supply Company
LONDON	Dean Russell, Surgical Division W. E. Saunders Limited; Geo. S. Trudell Co.
WINDSOR	G. A. Ingram Company (Canada) Limited
WINNIPEG	Campbell & Hyman Limited
CALGARY	Standard Surgical Supply Co.
VANCOUVER	J. R. Bentham Sales

Perfect Cast – *after 3 weeks' hard wear!*

THE BANK MANAGER of a small town fell and suffered a Colles fracture. Here is the Gypsona cast which was removed three weeks later. The thin, even formation is a characteristic of a Gypsona cast. This thin, light cast is made possible by the high plaster content of Gypsona which gives exceptional strength and makes it the most economical plaster of Paris bandage.

The clean, porcelain-like appearance of the cast, still intact after three weeks' wear, is further evidence of the quality of the fine ground Gypsum and the high content of this remarkable bandage.

Gypsona
TRADE MARK
PLASTER OF PARIS BANDAGES

Gypsona bandages are made by SMITH & NEPHEW LTD., Hull, England

SMITH & NEPHEW LIMITED

2285 Papineau Avenue, MONTREAL 24, Que.

Montreal Disaster Institute

(Concluded from page 45)

In 1952, also, a federally-sponsored teaching team of doctors and nurses crossed Canada and gave three-day courses on nursing in ABC warfare to some 700 senior registered nurses. Through similar provincially-planned institutes, this number has been increased and now there are 1,300 instructors, Miss Pepper reported, to disseminate this information to student nurses and graduate nurses. Consequently, of the potential 80,000 graduate nurses in Canada, some 30,000 have been indoctrinated, through periods of shorter instruction, in disaster nursing and the principles underlying civil defence preparedness.

What did the Institute Show?

The disaster institute held in Montreal clearly showed that in large metropolitan areas it is essential that there be close co-operation between hospitals in the development of their individual disaster plans. As a number of special hospitals were represented at the institute, such as sanatoria, hospitals for the mentally ill, sick children and convalescent patients, the role of the specialized hospital in disaster planning was discussed at some length. It was the opinion of delegates present that it is very important that the part assigned to such hospitals, should be clearly set out when planning proceeds on a city or a regional basis.

The delegates agreed that the administrator should initiate disaster planning in any particular hospital. After consultation with his board, he should then call upon the chief of staff and the director of nursing. In the actual preparation of the plan, the administrator should delegate part of the work to responsible people who would be given specific parts of the plan to develop. The over-all plan will be completed sooner if scheduling is adopted and the people concerned are given a deadline to meet. Throughout the planning period, active discussions should be held at frequent intervals so as to fit the various sections into an over-all, workable whole. Once the plan has been prepared, it is essential to have each person well acquainted with the part he will play. Periodic drills, even on a limited basis, will keep the plan alive and will often show up weaknesses which would otherwise be undetected.

One aspect of hospital disaster planning which deserves detailed consideration is that of standing treatment orders. The development of such orders guarantees the continuance of care to in-patients at the time of disaster, as well as the maximum care for casualties within a minimum time, with a minimum of professional staff. Such planning should be an important part of the over-all program during the pre-emergency period.

At the closing sessions, delegates passed a vote of thanks to the planners at St. Mary's and Barrie Memorial hospitals. They also expressed their appreciation for the assistance received from Doctors Charron and Fryer, Miss Pepper, and Mr. Mathews of the civil defence division of the Department of National Health and Welfare for making the institute possible.

The following hospitals were represented: the Barrie Memorial, Ormstown; Brome - Missisquois - Perkins, Sweetsburg; Lachine General Hospital, Lachine; Jeffery Hale's Hospital, Quebec City; Pontiac Community Hospital, Shawville; Saguenay General Hospital, Arvida; Ste. Anne's Hospital, Ste. Anne de Bellevue; Sherbrooke Hospital, Sherbrooke; Verdun Protestant Hospital, Verdun; and from Montreal—Alexandra Hospital, Catherine Booth Mothers' Hospital, Children's Memorial, Grace Dart Hospital, Jean Talon Hospital, Jewish Hospital of Hope, Jewish General Hospital, Montreal Convalescent Hospital, Montreal General, Montreal Neurological Institute; Mount Sinai Sanatorium, Queen Elizabeth Hospital, Reddy Memorial Hospital, Rehabilitation Institute of Montreal, Royal Edward Laurentian Hospital, Royal Victoria Hospital, Shriners' Hospital for Crippled Children, and St. Mary's Hospital.—*W.D.P.*

Children Tested for Tuberculosis with Protein Derivative

A potentially deadly substance is being used not as a killer but as a partner in one of history's greatest efforts to save lives. The substance, known to the medical profession as PPD (Purified Protein Derivative) is the disease-detecting agent in mass anti-tuberculosis campaigns waged with the help of the United Nations International Children's Emergency Fund and the World Health Organization. If PPD shows that a child has not been infected with tuberculosis, BCG vaccine is used to immunize him.

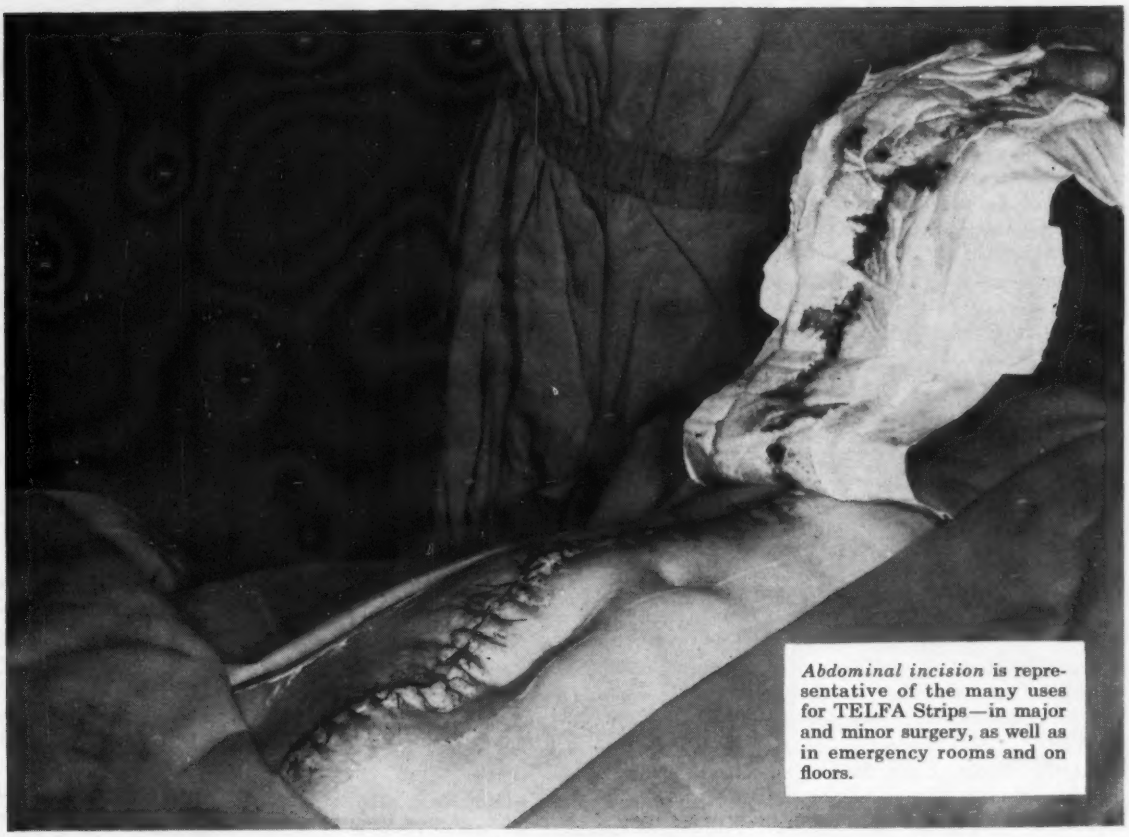
The campaigns have now reached 38,000,000 children with protective vaccination against tuberculosis—a disease that takes one life every seven seconds. Such campaigns, believes Dr. Johannes Holm, chief of WHO'S Tuberculosis Section, could reduce the disease within a few generations to a threat no more menacing than smallpox or plague, once so widespread.

If wrongly used, a single pinch of PPD, a harmless-looking cream-coloured powder, could kill a thousand children. Diluted, the same quantity is enough to test about two million children for tuberculosis in the mass campaigns. PPD is tuberculin, a protein only within recent years isolated in a relatively pure state. Today a superficial injection of PPD, commonly called the "tuberculin test", helps health workers determine whether or not a child has had tuberculosis and acquired immunity.

In nation-wide tuberculosis control campaigns, UNICEF and WHO have so far helped test 90,000,000 children for signs of infection—a number equal to the combined populations of Belgium, France, Norway, Spain and Sweden.

Despite the size of the effort, this work has consumed only about 11½ ounces of the rarely produced PPD. Remaining United Nations stocks total less than one ounce. Because of improved and more economical techniques, this is sufficient to test a further 25,000,000 children.

In all campaigns aided by the UN agencies, the tuberculosis teams are sharing part of the original seven-ounce batch of PPD made in 1949 for WHO and UNICEF at the Danish State Serum Institute. Plans are now afoot, however, to prepare more—just another cupful of PPD but enough, it is hoped, to narrow by ten years the gap between the present incidence of tuberculosis and ultimate victory over the disease.—*UN Public Information.*



Abdominal incision is representative of the many uses for TELFA Strips—in major and minor surgery, as well as in emergency rooms and on floors.

NEW TELFA *DRESSING* keeps wounds dry without sticking!

Promotes better healing of all wounds — by primary intention

This new all-purpose dressing is both fully absorbent and completely non-adherent. TELFA Strips keep wounds dry, yet can be changed easily, painlessly, and without disruption of the healing wound surface.

TELFA is a non-wettable, perforated plastic film bonded to *Webril*®, a highly absorbent backing of 100% pure cotton.

Faster healing has been demonstrated in thousands of clinical wounds. Wounds never grow into the dressing, yet are kept dry. TELFA non-adherent dressings are economical, too. They cost no more than conventional dressings, and save considerable doctor and nurse time in changing dressings.

HOW TO USE: Apply TELFA with *film side* directly on wound (precise perforations pass drainage freely, but prevent reverse flow). Then cover with preferred sponge or drainage pad (on slight wounds, no further dressing is needed). Finally, secure in place with adhesive or *Kerlix*® bandage.

Supplied in 2½″ x 4″ and 3″ x 8″ Strips, in hospital cases.

Curity
TRADE MARK

TELFA
TRADE MARK

NON-ADHERENT STRIPS

BAUER & BLACK

Division of The Kendall Company (Canada) Limited
Curity Avenue, Toronto 16

(Continued from page 44)

must rub ourselves out of the picture and put the other person in. A human relations program considers the other man and his relationships to life. We must apply consideration and understanding of the individual to the pressure points or friction points which vary with situations. Some pressure points are loneliness, inability to convince people, or being too talkative. In the past, management has all too often forgotten the individual. He has been just a cog in a large wheel. But today the public relations program is first built upon a human relations program where the individual must be considered.

Another excellent course was one in hospital linens and furnishings. Consideration was given to the classification of textile fibres, characteristics of various fibres, simple tests of fibres, types of yarn, types of weaves, use of testing equipment, and equipment used to test the tensile strength of sheets, the colour fastness of drapes, and the durability of rugs. Instructions were also given on dyeing and finishing of materials, colour, colour schemes, and interior decoration—all of which are very important features in a hospital. We were also given standard specifications and sizes of sheets, blankets, pillows, and towels. Upholstery and covering fabrics were discussed and we received some excellent information about rugs. Here, let me add that rugs are becoming more popular all the time. In the United States, I noticed that many hospitals had wall to wall carpeting on the floor of their entrance hall. Where it was used, it had been found that the mud tracked in was left on the rug and not spread through the rest of the building. The rugs could be shampooed and this process kept them looking fresh.

Personnel management was another course which proved most interesting. The housekeeping department often has a larger turn-over of staff than do the other departments. In this course we were given some pointers on interviewing techniques and how to evaluate job satisfaction. Two questions were considered: "What does the worker expect of his employer?" and "As his employer am I fulfilling his expectations?". Other aspects of personnel management which received attention were: (1) employee morale, how to measure it and how to improve it; (2) results of bad morale; (3) job analysis and job evaluation; and (4) employee relations, grievances, and constructive correction. Another subject studied was the philosophy of hospital care. Included in this wide topic was a study of the modern hospital, its place in the community. The question was asked: "What is a hospital?". The answer to the question is: "A hospital is people and the people who work in the hospital are employed to care for the patients." Money will never make a hospital. Approximately 65c of the hospital dollar goes out in salaries, while the remaining 35c is spent on supplies, equipment, and amortization.

Another subject we studied was safety. Included in the topics discussed were: how to keep accidents to a minimum; fire prevention and protection; classification of fires; chemistry of combustion; and how to extinguish different types of fires.

General Cleaning

We took a course in bacteriology as related to sanitation. This was followed by one in general cleaning. We learned that the wear and tear on the building is shown by its floors. How long should floors last? Well, they should last for the life-time of the building. The care of floors is technical work. We must first know the type of flooring before the cleaning methods and the materials to be used are selected. If the building has hard floors such as wood floors, we were advised not to varnish them. Instead, it was recommended that the floors be sealed, then buffed with very fine steel wool and two thin coats of wax be applied. To carry out this procedure, I suggest that your staff be shown that two thin coats of wax produce better results than one heavy application. For hardwood floors, a spirit base paste wax may be used.

Soft floors, which are being used in the modern hospital of today, require quite a different cleaning technique. Soft floors include linoleum, asphalt tile, rubber tile, and vinyl tile. These floors are more often washed out than worn out. It is quite natural to think that, in order to keep them clean, they must be scrubbed every day. However, at our hospital we scrub these floors once in three months. We use a scrubbing machine and, if necessary, an abrasive to remove the old wax. With soft floors, a spirit wax should not be used but rather a water emulsion wax. This type of wax is put on with a mop as if it were water. Wring mop out tightly to give a very thin coating. We apply three coats. It should be well polished after each application. Daily maintenance includes sweeping, followed by buffing with a polishing machine. Once a week we use a steel wool pad under the polisher and the floors are dusted with a treated dust mop. We think our floors look presentable most of the time.

Now then, let's take a look at the materials which should be used for cleaning. Harsh alkaline materials should not be used on soft floors, *e.g.*, sodium triphosphate or similar cleaning agents. Use a cleaning agent which has a pH of not more than 8.6. If an agent of 9.10 or 11 pH is used, the floors must be rinsed with a vinegar solution to neutralize the alkalinity of the product. Floors rinsed with vinegar must then be rinsed again to remove the vinegar. So this system increases the amount of labour considerably. We do not use soap at our hospital but rather a synthetic detergent. Water tension is broken down by means of wetting agents so that the water penetrates the dirt and grime and floats if off quicker. These synthetic detergents are also free rinsing which cuts down your time and produces a better job in the end. Even the abrasive which we use has a low pH or alkaline content. *Always* use water emulsion wax on soft floors.

Have you ever heard of starching walls after they are washed? Well, it is being done. Walls are starched so that the soil is deposited on the starch and is thus more readily removed. Only a thin coat of transparent starch is used. It may be applied with either a brush of a sponge.

In large institutions, the changing of light bulbs can consume much time and energy. To overcome the problem many hospitals calculate the life expectancy of the bulbs and then change all the bulbs in that area at one time. That saves time and after all time is money. In this way a schedule may be followed. Shades should be cleansed at the same time.

Invisible Hostess

No other department has a greater opportunity to sow good-will from

(Concluded on page 88)

...LOOK TO LILY FOR LEADERSHIP...

Everybody Benefits!

now LILY offers hospitals a complete paper service...

Everybody benefits . . . and everyone will like Lily's Hospital Service. Take patients, for example. They'll like Lily because there's no clatter or noise. Matched set-ups, with the green leaf design, are appetizing and pleasant. And paper, a natural insulator, keeps foods and drinks hot or cold longer. Nurses find serving trays a joy to carry—they're so light. Lily saves time and labour—especially for supplementary nourishments or in tubercular or contagious disease wards. For "special diet" cases, Lily Cups come with Snap-on lids on which name or room number can be written. Handy Lily Graduate Cups for medicines, cups for pills and for water are true nurses' aids. Lily Cups are always a safeguard against cross-contamination. They save labour—fewer people are needed to prepare meals or to clean up. No breakage, no dishwashing—savings in detergents, hot water and expensive equipment. And to speed meal preparation, many foods can be pre-portioned in Lily Cups. Patient, nurse and hospital all benefit with Lily Paper Service. We suggest you set up a tray—try Lily at breakfast, lunch or dinner.

LILY CUPS LIMITED
300 Danforth Road, Dept. H. Toronto, Ontario

Please send samples and full information on Lily Hospital Kits.

NAME.....

STREET.....

CITY.....

PROV.....

The Coupon or a letter will bring you the necessary cups for this test.

LILY CUPS LIMITED
300 DANFORTH RD. TORONTO 13

A method to help REDUCE your OXYGEN administration COSTS

"DOMINION OXYGEN Oxygen Supply Systems", an illustrated 40 page booklet which presents the facts concisely, shows you HOW and WHY your hospital can save time and money with a modern oxygen piping system. In ten minutes reading time, you can get the full story about:

- ★ **How hospitals and patients benefit.**
- ★ **Where and how to pipe oxygen for maximum benefit and economy.**
- ★ **Types of central oxygen storage systems, and how they operate.**
- ★ **What size system you will need.**

With the help of this booklet, you can estimate the advantages of an oxygen piping distribution system for your existing building or for contemplated new structures. Send the coupon to DOMINION OXYGEN for your free copy of this factual booklet.

In addition to the information contained in this booklet, DOMINION OXYGEN engineers are prepared to give you the benefit of the experience accumulated in designing oxygen piping distribution systems for over thirty years.

Dominion Oxygen

Dominion Oxygen Company
Oxygen Therapy Department
40 St. Clair Avenue East, Toronto 7, Ont.

Please send me a free copy of the booklet "DOMINION OXYGEN Piping Systems for Hospitals".

Name.....Title.....

Hospital.....

Address.....

.....

Farmer's Wife INTRODUCES GOLDEN-LINED TIN

CONCENTRATED PARTLY SKIMMED MILK
Farmer's Wife No. 2
Blue Label

IMPORTANT STEP FORWARD IN PACKAGING OF FORMULA MILKS

All Farmer's Wife Formula Milks are now supplied in new modern tins with smooth, golden-enamel lining, which prevents contact between the tin and raw metal. These new tins are vacuum packed so that all the natural flavour and nourishment are retained in the milk. Tins are now thoroughly cleansed and sterilized before filling—and tin and contents are sterilized after being filled and sealed. These added protections are possible ONLY with this stronger type of tin.

DATE CODE

A coded date is EMBOSSED on the top of each tin, to assist Cow & Gate representatives in keeping store stocks fresh, and to safeguard the infants under your care.

ALMOST DOUBLE VITAMIN D CONTENT IN FARMER'S WIFE FORMULA MILKS

All three types of Farmer's Wife Formula Milks are increased in Vitamin D content from 480 International Units to 800 International Units per concentrated pint with the addition of Vitamin D_3 in crystalline form. Farmer's Wife Formula Milks were the first in the field to introduce this important dietary addition.

EVAPORATED WHOLE MILK
Farmer's Wife No. 1
Red Label

CONCENTRATED SKIMMED MILK
Farmer's Wife No. 3
Yellow Label

MOTHERS WILL LIKE THE BRIGHT NEW LABELS

Farmer's Wife new modern tins now have a bright new label, but are still identified as to type by the same familiar colours.

Professional enquiries invited on milk formulae

COW & GATE (CANADA) LIMITED
Brockville - Ontario

"SPECIALISTS IN THE PROCESSING OF MILK FOODS FOR INFANT FEEDING"

Housekeeper

(Concluded from page 84)

which the hospital may reap the fruits. The executive housekeeper becomes the invisible hostess. Here I would like to explain that her job may involve everything from being hostess to undertaker.

An incident which happened to me will serve to show the part the executive housekeeper may play as hostess. Not long ago I encountered a woman at the hospital who had just brought her child in for treatment after being severely burned. The mother was in a very shaken and distraught condition. She wanted some coffee. I happened to be the first person she met and she asked me where she could get it. I told her the coffee shop and showed her the way. However, when I got to the coffee shop I found it wasn't time for it to be opened so I took her to the cafeteria, where coffee was being served, and got her a cup. It wasn't much for me to do and it was a pleasure. But for her, in her distraught condition, it meant a lot and I am sure she will not forget. Those are little seeds of good will that may be sown.

Another incident will point out my role as undertaker. Once, when I was very busy, I got an SOS that we had a dead cat on the doorstep. When I got to the front door, there was a dead cat laid out and some small children from the community had decided it needed to be buried. So there they were busily gathering up the black soil and putting it all over the cat. It's bad enough to come to a hospital but to meet death right on the doorstep is just too much, so I had to see that the dead cat was removed. These incidents are used to indicate what I mean when I say that the executive housekeeper becomes the invisible hostess at the hospital. Her staff become the hospital's salesmen and saleswomen. They are selling the institution to the patient, to his friends, to their friends, and ultimately to the community.

Let me conclude with this piece of advice. Go back into the dim, shadowy reaches of your institution. Bring your housekeeper from the back of the house and place her up front. Just here is the crux of your success. First of all, you must have a person for your executive housekeeper to whom you can entrust this professional status. Then, having secured the right person, with the right personality, you must give her a firm foundation on which to stand—recognition and status.

Exchange of Medical Publications

Medical libraries throughout the world, which previously offered their surplus publications to other medical institutions for free distribution and exchange through the United Nations' Educational, Scientific, and Cultural Organization, will now offer them through the World Health Organization, Geneva, the two United Nations agencies have announced.

WHO will inform medical libraries in its member states of the medical books and periodicals which are available. It will not itself collect and make shipments but will act as a central information service for medical libraries interested in the exchange and distribution of material.

DICTAPHONE CORPORATION, LTD., Dept. CH 312
204 Eglinton Ave. E., Toronto, Ont.

Gentlemen:

☐ Please send me my free copy of the 8-page, illustrated booklet, *Dictation by Phone*.

☐ I would also like a TELECORD survey of my hospital, with no obligation.

Name_____

Hospital_____

Street_____

City & Zone_____ Prov._____

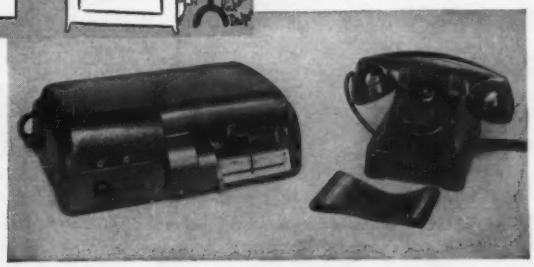
A coupon for an administrator who wants to lower costs of hospital paper work

The amount of time doctors, interns, nurses and technicians spend on clinical reporting is of critical interest to hospital administrators who keep a careful watch on costs. Dictation can effect obvious savings—but efficiency is lost if staff members must leave their posts to find secretaries or dictating equipment.

Now, Dictaphone has perfected an *economical* system of *dictation by phone* which permits "on the floor" recording of observations, instructions, etc. It is called the TELECORD System. A simple desk instrument connects any number of dictators to central recording machines.

Send in the coupon. It will bring you details of how TELECORD can be adapted to the special conditions of your hospital. You will be amazed at TELECORD'S *low cost* per dictating station. To cut *high costs*—clip it NOW!

◀ With TELECORD, all a staff member has to do to dictate is *pick up a phone* . . . and he is connected to TIME-MASTER equipment, used by *twice* as many successful executives as any other.



DICTAPHONE®
CORPORATION

makers of the TELECORD Phone Dictation System—answer to the high costs of hospital paper work

Laundry Production

(Continued from page 50)

by the maintenance and care received.

Some Tips on Production

Always be sure that the right kind and amount of supplies are being used. All supplies should be weighed or measured to make sure of uniform results. Care should be taken to see that washers are not overloaded. Overloading results in poor washing, poor rinsing, high tensile strength loss of linen, plus wasting of supplies.

It is not necessary to iron gowns, diapers, pajamas, et cetera. These items can be tumbled dry in a drying tumbler. They will be more comfortable for the patient to wear as they are fluffy and soft.

Mangle production can be increased by partially drying all heavy spreads, flannelette sheets, pillow cases, or any linen which requires slowing down of the mangle in order to be ironed dry. These items can be placed in the drying tumbler until they are just damp enough to be ironed smoothly and at the same speed as ordinary sheets. The same procedure can be followed with doctors' coats and white suits. This method will speed up press production considerably.

Contaminated Linen

Contaminated linen should be handled with care. There are several methods used. The linen can be soaked in a disinfecting solution before it is sent to the laundry, or it can be fumigated. Galvanized cans with tight lids can be placed in isolation wards for the reception of dry contaminated linen. These cans are emptied directly into the washing machine. Thus the linen is not touched by hand and the high temperatures and chlorine bleach used in the washing process will destroy all germs. Cans must be sterilized with steam before being returned to the ward.

Laundering Surgical Gloves

The following simple method for the processing of rubber gloves has been developed in order to improve sterile technique, conserve valuable hospital space, and reduce high labour costs. In the past, the rubber gloves used in our hospital had been cared for by the ward helpers on the individual wards, in the clinics, and the operating rooms. The wards and clinics had workers who washed and hung the gloves to dry in their own areas. The surgery floor was equipped with a small room where the gloves were washed and hung on racks to dry. This was an expensive, slow operation which consumed valuable hospital floor space for racks, many man hours—especially during peak loads—and left a great need for improvement in sterile technique.

After reading an article on heat in relation to rubber gloves, and taking this aspect into consideration, we began using the method of washing and drying rubber gloves outlined below. After research on bleaches and alkalies, it was discovered that the only harmful ingredient was alkali and that the method employed by our laundry in washing the rubber gloves was perfectly safe. It was decided to use a mild synthetic soap (which contains a low percentage of detergent) and to avoid the use of a strong detergent since the superficial dirt on the rubber gloves was easily removed by such soap.

When the new method was put into operation, it was found that it was an improvement on our past procedures and allowed the release of ward helpers for other duties. This reduced the number of staff in the central glove room and the workers were able to handle the gloves for the entire hospital and clinic in less time than was needed formerly in surgery alone. Considerable floor space was conserved and, what was even more important, it was no longer necessary for the gloves to be left hanging in contaminated areas while drying. We found, too, that the distribution of gloves was more easily controlled, the best being sent to surgery; the flow of work to the glove room improved and peak periods, when formerly help had to be drawn from other parts of the hospital, were avoided. The discarding of so-called unfit gloves decreased. In the past, inexperienced workers had discarded gloves as unfit when it was not necessary. Now, we began to find that many of these gloves can be readily repaired and saved. Thus, processing time was cut to a few hours and costs were lowered.

Prior to laundry operation, gloves should be cared for as follows:

1. Gloves should be rinsed under cold, then hot, running water and placed in a bucket provided for that purpose.
2. Infected gloves, *e.g.*, typhoid, should be boiled.
3. Ward helpers should collect gloves and deliver them to the glove room at the end of each day.
4. Orders for fresh gloves should be sent to the glove room each afternoon and be filled on the following day.

The method of laundering the gloves is as follows:

(Concluded on page 94)

Industry Interested in Civil Defence

Chiefs of many of Canada's large industrial medical services are attending a series of special courses of study in disaster preparedness, it has been announced by the Department of National Health and Welfare. The first of the courses, arranged by the department's civil defence health planning group, was held at the Canadian Civil Defence College, Arnprior, Ont., from Feb. 28th to March 4th.

The courses are given by professional officers of the Department of National Health and Welfare, the Department of Agriculture, the Defence Research Board, Atomic Energy of Canada Ltd., the armed services, and representatives of McGill, Toronto and Western Ontario universities, as well as of the Canadian Hospital Association, and the Canadian Red Cross Blood Transfusion Service.

Medical problems connected with nuclear, biological and chemical warfare are being discussed as well as planning and organizing civil defence health services. The human, agricultural, and veterinary aspects of biological warfare receive attention in the courses, as well as radiation hazards and many other problems not normally encountered by the practising physician.

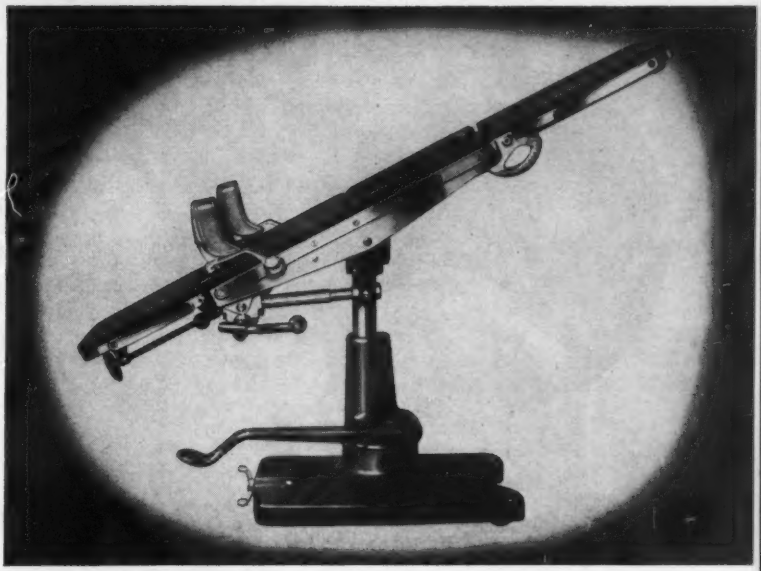
There has been a ready response from industry to the invitation to take advantage of the courses. Industry, it has been found, recognizes the value of such instruction not only in the performance of its own medical services but also in preparing plant health staffs for important roles in the event of a major disaster. It is expected that all large industrial concerns and public utilities eventually will send their chief medical personnel for the special training.

THE NEW "MODEL J" BY ALLEN & HANBURYS

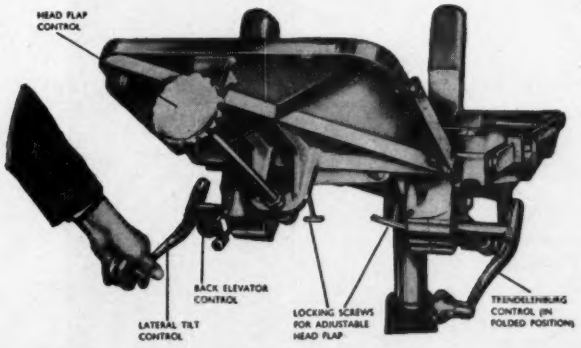
Head-end control with absolute rigidity!

To meet exacting requirements of modern surgical technique, Allen & Hanburys introduce a new operation table — the "Model J". This model, made in England, combines the finest features of earlier "A & H" models with improvements that permit all major adjustments to be made *without interruption of the surgical team.*

Moderately priced and guaranteed for years of trouble-free service, the "Model J" meets all the standards of quality and reliability that, for over 200 years, have been associated with the name Allen & Hanburys.

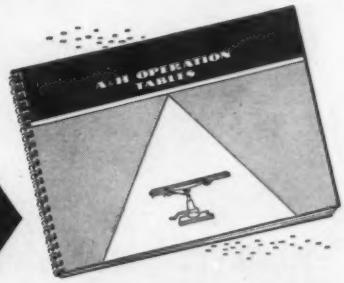


HEAD END CONTROL



OUTSTANDING FEATURES OF THE "MODEL J"

- Head-end control of Height, Trendelenburg movements, Lateral Tilt and Back Elevations without loss of Rigidity.
- Full-width extendable head flap allowing fine angular adjustments and instant removal when necessary.
- Leg flap is fully adjustable and removable from any position.
- Perineal recess for all diagnostic and surgical procedures with the patient in the lithotomy position.
- Complete range of interchangeable accessories.
- Models available designed for child surgery.
- Wide range of movement—Min. Height 29", Max. Height 43", Max. Trendelenburg 45°, Reverse Trendelenburg 40°, Lateral Tilt 20°.



Write for illustrated booklet and price list

ALLEN & HANBURYS COMPANY LIMITED

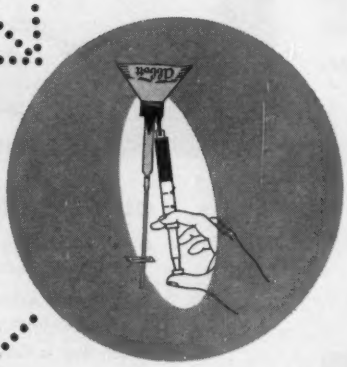
Toronto 15, Ontario • London, England

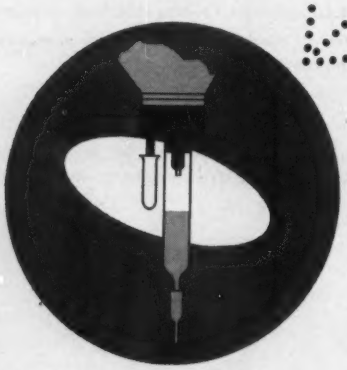
454-O

VENOPAK® *alone provides these I.V. Safety Features*

PINCH CLAMP for Accurate Control
During an infusion, complete control of the rate of flow may be obtained from a single adjustment of the finely-graduated aluminum clamp.

MEDICATION IS INJECTABLE Into Container
Only with VENOPAK can you add supplementary medication to parenteral fluid during venoclysis. Air filter of VENOPAK is removed for an instant and medication injected by syringe through filter opening.





AIR FILTER Assures Sterility
All air entering the container is filtered through a pledget of sterile cotton. Another important feature of VENOPAK is that there is no inrush of room air when the container seal is broken and VENOPAK attached. This is because Abbott solutions are not vacuum sealed.

Abbott

investigate the complete *ABBOTT I.V. LINE*

ABBOTT LABORATORIES, LIMITED • MONTREAL

Abbott's COMPLETE ***I. V.*** AND BLOOD TRANSFUSING ***Equipment***

Sterile, pyrogen-free and ready-to-use

COLLECTING AND PRESERVING BLOOD

For Vacuum Collection:

ABBO-VAC(R)—A-C-D Solution, U.S.P. (N.I.H. Formula B), in Universal bottles, 500- and 250-cc. sizes. Blood is drawn directly into container by vacuum. Available with sterile, disposable Blood Donor Set.

For Gravity Collection:

NON-VAC®—A-C-D Solution, U.S.P. (N.I.H. Formula B), in Universal bottles, 500- and 250-cc. sizes. Blood is drawn directly into container (closed technique) by gravity. Available with Donopak(R) 24 and 48, with or without attached, sterile, disposable needles.

Abbott A-C-D Blood Container—A-C-D Solution, U.S.P. (N.I.H. Formula B), in the familiar Abbo-Liter(R) intravenous bottles, 500- and 250-cc. sizes. Blood is drawn (closed technique) directly into container by gravity. Available with Sodium Citrate 3% Solution in 500-cc. size. Also available with Donopak 24 and 48, with or without disposable needles. Designed for exclusive use with Abbott i.v. equipment.

For Storing Plasma:

Evacuated Empty Plasma Containers—Sterile evacuated 500- and 250-cc. Universal bottles for storing, transporting and administering plasma or serum.

ADMINISTERING BLOOD and/or SOLUTIONS

Blood Recipient Set—Sterile, disposable, ready-to-use plug-in set for administering blood from any Universal bottle or Abbo-Liter type bottle. Has *flexible* plastic filter chamber.

VENOPAK(R)—Abbott's sterile, disposable venoclysis unit for the administration of all intravenous solutions. Converts readily to a blood recipient set with a special, disposable blood filter. For use exclusively with Abbo-Liter(R) containers.

(Series Hookup)

Secondary Recipient Set—A unique, disposable unit with a built-in, flexible drip chamber and filter. Designed to plug into any Universal blood bottle and to connect with Abbott's VENOPAK dispensing cap. Allows changeover from saline to blood in a matter of moments, without removing needle from vein.

Secondary VENOPAK—Disposable unit designed for the continuous administration of fluids in the series hookup with VENOPAK.

ADMINISTERING FLUIDS SUBCUTANEOUSLY

SUB-Q-PAK(R)—A completely disposable, preassembled hypodermoclysis unit with plastic Y tube for administration of fluids subcutaneously.

ADMINISTERING PENTOTHAL(R) SODIUM

VENOTUBE(R)—Length of plastic tubing with attached male and female Luer adapters and pinch clamp. Allows anesthesiologist to keep syringe off the patient's arm. Pinch clamp offers additional factor of safety.

*Trade Mark

Tiny new Frigidaire Ice Cubelets perfectly sized for hospital needs

Replace cracked, crushed, flaked ice . . . meet hospital sanitary standards . . . and up to 200 lbs. cost as little as 26¢ a day.

Wonderful new Frigidaire Ice Cubelets are small—¼" to ¾" thick gems of pure, crystal clear ice (only ⅝" square)—that fit easily into ice collars, ice bags or any small necked containers. Never slushy—solid, hard-frozen, uniform—they last and last. Cubelets end grinding and flaking that results in irregular, jagged, quick-melting ice.

Yet Cubelets are large enough to fill many kitchen needs, too, in preparing salads, cooling drinks and so on. The Frigidaire Ice Cube Maker produces up to 47,000 Cubelets (approximately 200 lbs.) every 24 hours. Stores them in a sanitary porcelain bin. Even freezes out minerals and impurities so Cubelets are purer than the water they're made from.

Ice made the world's most trouble-free way! No grinders, chains or knives to make noise or cause breakdowns. Silently, automatically the Frigidaire Ice Cube Maker fills to capacity, then shuts off . . . refills when supply drops. Choice of two cube sizes—regular or miniature Cubelets. Ask your Frigidaire Commercial Dealer about the Frigidaire Automatic Ice Cube Maker today.

Compact, beautifully styled—put one or more on every floor of the hospital

Frigidaire Ice Cube Maker

BUILT AND BACKED BY GENERAL MOTORS

Laundry Production

(Concluded from page 90)

(a) Gloves should be emptied into one pocket of the machine. Care must be taken that the door of this pocket is shut tightly and that gloves are not allowed to escape while the machine is in operation. The balance of the machine may be filled with materials which are not too heavily soiled, for instance cotton bath blankets.

(b) Flush one split hot and cold water—10" of water.

(c) Split high water 10", not more than 60 to 80 degrees. Add dissolved synthetic soap being careful not to raise suds. Run for eight minutes.

(d) Give at least six two-minute split rinses of 12" to 15" water at not more than 60 to 80 degrees.

(e) Remove gloves from washer and place in metal trucks to drain.

(f) Place in drying tumbler, preferably 36-30, keeping temperature less than 180 degrees. It has been found that small quantities in the tumbler are more easily dried and handled.

(g) Gloves are then returned to central glove room for testing, powdering, and packing for autoclaving.

Caution is advised in certain parts of the procedure. Do not use water hotter than lukewarm temperature. Gloves cannot be washed successfully in nets. A mild synthetic soap has proved to be most successful. At no time should the suds be apparent. Never wash or rinse gloves in low water. Suspension and floating of gloves in high water gives better results. Removal of superficial dirt on gloves has never been a problem. Do not use an extractor. Do not overload or over-heat the tumbler. Rotating hot and cold air in the tumbler has been most successful.

The University of California Hospital in Los Angeles has been using this method since November, 1949 and it has proved to be highly successful for the medical and nursing staff, from a standpoint of cleanliness and better service, and to the administrative staff from the viewpoint of efficiency and economy. The University of Alberta Hospital has been using this formula since 1951 in a pony washer where the gloves are washed by themselves. It may be added that some types of rubber gloves seem to last longer with the use of green surgical soap instead of synthetic soap.

School for Medical Record Librarians Opened at Edmonton General

The Board of Registration of the Canadian Society of Medical Record Librarians recently approved the opening of a new school for the training of medical record librarians at Edmonton General Hospital, Edmonton, Alberta. The school is under the direction of Sister Marie-Paula Rheault, R.R.L., who received the first class of four students in January. The record department in this hospital has spacious, well-planned quarters, with up-to-date facilities and methods for record-keeping and teaching.

The Canadian Red Cross trains thousands of men and women each year in skills to protect their families and neighbours in times of emergency.

designed
for today's advanced standards...

The Mount Sinai Hospital in Toronto uses warm colors and inviting rooms to eliminate cold, clinical "hospital atmosphere."

KAPLAN & SPRACHMAN — Govan, Ferguson, Lindsey,, Kaminker, Maw, Langley, Keenleyside, Associate Architects. J. J. Golub, M. D., Hospital Consultant.

TORONTO'S NEW MT. SINAI HOSPITAL
a large user of Vollrath Stainless Steel Hospital Ware

THE new Mount Sinai Hospital in Toronto, Ontario—with over 400 beds for patients — incorporates many innovations in construction, materials and equipment . . . joining ideas of the future with advancements of today.

Modern Hospitals like Mount Sinai demand durability and functional good looks from all their equipment. This is particularly true in the selection of clinical utensils.

That's why Mount Sinai uses long-lasting Vollrath stainless steel ware. This heavy-gauge stainless steel equipment is sturdily built to stand up under the rugged wear of daily use. Quality materials and fabrication give you long range economy and minimum replacement. What's more, seamless, crevice-free construction makes Vollrath Ware easy-to-clean for everlasting brightness . . . certain to conform to rigid sanitary standards.

SINCE 1874 — The Vollrath Co. — SHEBOYGAN, WISCONSIN

THE VOLLRATH COMPANY
SHEBOYGAN, WISCONSIN

Distributed in Canada exclusively by
INGRAM & BELL LIMITED
TORONTO
MONTREAL · WINNIPEG · CALGARY · VANCOUVER

Report Accounting

(Concluded from page 36)

were slow in reporting and some had a recurrence of inaccuracies in their reports. These situations have improved a good deal in the past few months. The hospitals which have been in the project for more than a few months now complete their reports promptly and we have little difficulty in maintaining accurate records. On the whole, we believe that the program in accounting for these hospitals is proving satisfactory. At the present time, it is difficult to say how large a number of hospitals can be serviced by our existing staff. It is obvious that a large number could be handled by adding staff and equipment; but with the minimum planned staff and with the one accounting machine, we believe that we will be able to handle 25 to 30 hospitals.

One of the more important features of the program, as it has developed in the past year, has been the conviction that there must be a reasonable amount of personal contact with the hospital staff and the board of trustees to ensure that the proper use is being made of the information placed before them.

The Association believes that the success of this project can demonstrate the practicability of using similar methods for other allied services. These could include consultant services in dietetics, radiology, laboratory, medical records, group-insurance, and group-purchasing. A successful venture of this type can and, I am certain, will lead to more and better administrative assistance to our smaller hospitals.

Nursing in Canada

There are approximately 45,000 professional nurses in Canada serving in cities, villages, and outposts from coast to coast, in our armed services, and abroad. The nurse's role in our society has become a dual one. She is concerned with preventing illness, as well as with curing it. She must not only be equipped to care for the sick but she must also know about teaching, sanitation, nutrition, and mental health. The benefits of her knowledge and service are given to all groups in our society, in a ratio of about one nurse for every 335 Canadians. Clearly, the health of the nation is linked to the adequate provision of nursing service.

NOW—A NEW LOW-COST ROOM THERMOSTAT SYSTEM FOR EXISTING HOSPITALS

Individual Room Temperature Control now possible . . . room by room . . . to fit your budget

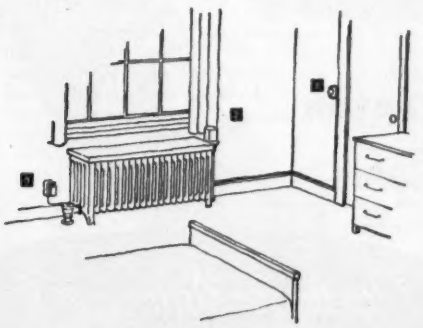
HERE'S a *simple* new thermostat system—the Honeywell Round—that can be installed in your present hospital for an amazingly low cost.

Start *right away* with the Honeywell Round—have it installed in any heating "trouble spots" you may have. Then, as your budget permits, you can have it installed room by room throughout your hospital.

Installation of the Round is *easy* . . . you don't have to tear up floors or walls . . . *you don't even have to redecorate.* Tiny, simple wiring is used with a Honeywell automatic radiator valve and a miniature transformer.

This Honeywell Round System is especially designed for existing hospitals. But whether you're modernizing your hospital or building a new one, Honeywell has the Hospital Thermostat System to suit your particular needs.

Just call your local Honeywell office for complete information. Or, write to Honeywell, Dept. CH4, Vanderhoof Ave., Leaside, Toronto 17. Ask too for your copy of the new booklet "Does this happen in your hospital?"



The sketch above shows how easily the Honeywell Round System can be installed in individual rooms in *your* hospital. The attractive thermostat (1) blends with the wall . . . it's connected to a Honeywell automatic radiator valve (2) and a small transformer (3) by a tiny wire. It's just as simple and economical as it sounds!

The new Honeywell Round features . . .

- **An easy-to-read dial.**
- **Economical installation—no redecorating necessary.**
- **Tamper-proof protection—settings and cover can be locked in place.**
- **Sealed, lint-proof mechanism—insures maintenance-free, dependable operation.**
- **Smart appearance—cover can be painted to blend with any color scheme.**
- **Versatility—can be used with any type heating system or window type cooling unit.**

MINNEAPOLIS
Honeywell

Hospital Temperature Controls

15 OFFICES ACROSS THE NATION

NOW YOU CAN BUY CANADIAN-MADE TUMBLERS SPECIALLY TREATED FOR ADDED STRENGTH!

Cut your glassware costs with

DOMINION *Rockwall** TUMBLERS

WITH THESE new Canadian-made, longer-lasting tumblers you can reduce your glassware upkeep.

All the popular wanted shapes and sizes are in the DOMINION Rockwall* TUMBLER line. Just check the prices against what you've had to pay before this type of glass was made in Canada, and you see a real saving.

DOMINION Rockwall* TUMBLERS are a product of Canadian workmanship. They are extra durable, crystal-clear with a high lustre. They come with the "Dominion Safe-Guard" rim, guaranteed against rim-chipping.

Order DOMINION Rockwall* TUMBLERS from your Glassware Distributor.

This is the guaranteed "Dominion Safe-Guard" rim on a DOMINION Rockwall TUMBLER. Should it chip on the edge, we will replace it. Guarantee covers rim-chipping, not ordinary breakage, since all glassware is fragile.*

When you see this trade-mark on the bottom of a glass, it identifies a DOMINION Rockwall TUMBLER —a fine product of Canadian workmanship—high quality, low cost, made stronger to last longer.*

*Rockwall is a registered trade-mark for a line of Dominion Glass Co., paste mould products specially treated to give added strength.

DOMINION GLASS COMPANY *Limited*

TABLEWARE AND SPECIALTY DIVISION
Wallaceburg, Ont.

General Offices—Montreal *Sales Offices—Montreal, Toronto, Hamilton, Winnipeg, Redcliff, Alta., Vancouver*

• *SINGLE BULGE SHAPE. Popular with the trade. These low-cost stronger DOMINION Rockwall* TUMBLERS come in 6, 8, 10 and 12 oz. sizes.*

• *DOUBLE BULGE SHAPE. A much wanted design. Now you pay less for it in Canadian-made Rockwall*. Available in 5, 8 and 9½ oz. sizes.*

• *STRAIGHT WALL SHAPE. Long time favourite. Crystal-clear, high lustre, Rockwall* adds to the appearance of your appointments. Available in 5, 6, 8, 9, 10 and 12 oz. sizes.*

THE CANADIAN HOSPITAL

The Canadian Hospital is published monthly by the Canadian Hospital Association as its official journal devoted to the hospital field across Canada. The subscription rate in Canada, U.S.A., and Gt. Britain is $3.00 per year. The rate for each additional subscription to hospitals or organizations having a regular subscription (and personal subscription for individuals directly associated with them) is $1.50 per year. The rate to other countries is $3.50 per year. Single copies, when available, are supplied at 50c each.

SUBSCRIPTION APPLICATION

To the Canadian Hospital Association,
280 Bloor St. W., Toronto 5, Ont.

Please enter subscription to *The Canadian Hospital* for one year as indicated below.

Name .....

Hospital or organization .....

Position .....

Mailing address .....

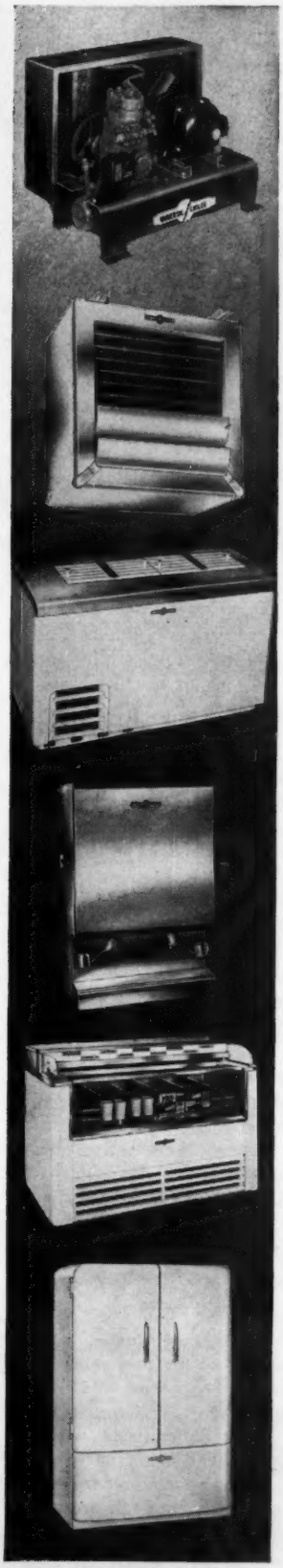
Payment enclosed $ .....

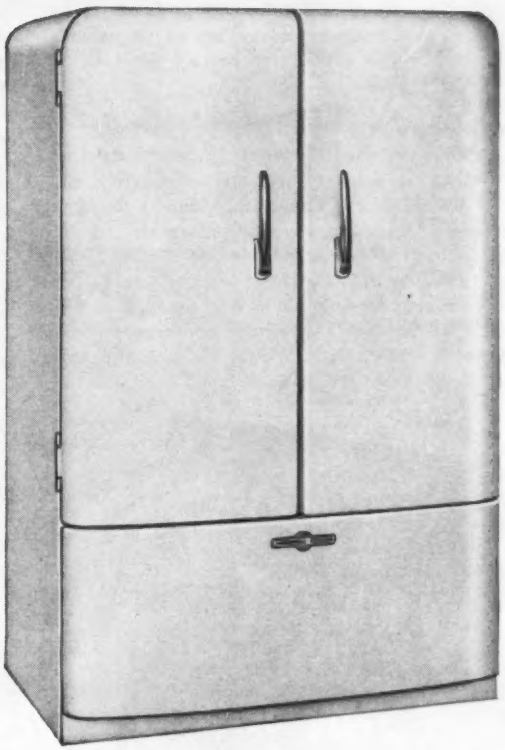
Or, send invoice to .....

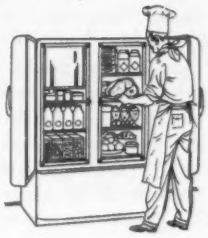
Some Statistics Concerning British National Health Service

At the end of 1953, 97 per cent of the inhabitants of England and Wales were on the National Health Service lists of Britain's general practitioners, reported Iain MacLeod, Minister of Health, last November. Summing up the first five and a half years of nationalized medicine in preface to the Ministry's report for 1953, Mr. MacLeod said that, while there was still much to do, solid achievements could be recorded. He said that the number of in-patients treated in 1953 was more than 500,000 greater than in 1949 and that there were 600,000 more out-patients.

During the 12 months ended March 31st, 1953, the total costs of the National Health Service in England and Wales was about £486,000,000 ($1,360,000,000) of which £384,000,000 was borne by the exchequer. Mr. MacLeod said that the National Health Service was now chiefly preoccupied with problems of providing improved services for the aged, of increasing the personnel and accommodations in mental hospitals, and of meeting the bill for medicines.—*Public Health Economics.*







UNIVERSAL COOLER

FOODMASTER

2 Door Refrigerator

•

For

STORES

HOTELS

SCHOOLS

ROAD STANDS

RESTAURANTS

BOARDING HOUSES

BEVERAGE ROOMS

HOSPITALS

CLUBS

•

BIG STORAGE SPACE
Convenient to Serve From

BIG low-temperature food storage . . . plus roomy Frozen Food compartment. No frills to take up storage space . . . just good, dependable refrigeration at lowest foot-for-foot cost. Wide, sturdy shelves with adjustable spacing. Interior light and adjustable temperature control.

Model FM 17

Capacity	17.7 cu. ft.
Shelf area	21.5s q. ft.
Width	42"
Depth	31½"
Height	64½"
Shipping Weight	580 lbs.

•

545

Write for Illustrated Descriptive Folder

UNIVERSAL COOLER

REFRIGERATION

for Every Purpose

UNIVERSAL COOLER COMPANY LIMITED—BRANTFORD

Hospital Ethics

(Concluded from page 66)

of the community. This may be accomplished by means of co-operation in establishing clinics, in caring for cases of communicable disease, and in promptly and accurately contributing to vital statistics.

The hospital should also co-operate with welfare agencies insofar as facilities and finances will permit. The hospital must ever keep in mind that it has a moral responsibility to its patients to make every effort to ensure full and complete recovery. Its interest in the welfare of its patients must extend far beyond the hospital walls.

Relationship to Other Hospitals

Hospitals should bear to each other a spirit of friendly co-operation and interest. Co-operation among hospitals and an absolute adherence to the highest standards of conduct are among the most effective means of promoting public confidence. Criticism of other hospitals is to be avoided carefully. When possible, efforts should be directed not to duplicate unnecessarily the facilities of competing institutions with resultant increased overhead in relationship to service given but to endeavour to develop the facilities in each hospital so that the health needs of the community will be met to the fullest extent and with the minimum of duplication.

When several hospitals are located in the same or adjoining communities, the organization of a hospital council, or an administrators' conference at least, is highly desirable.

Personnel or medical staff members should not be requested to leave the employment of, or sever connection with, another hospital without such proposal being known to the administrator or to the head of the department or service involved.

Contracts

Hospitals should refrain from participating in contracts with companies, organizations, municipalities, governments or other bodies at rates which are obviously unfair to other hospitals in the community.

Contracts drawn up between appointees to internship and the hospital should be observed by both parties to the contract.

Anyone who has broken a contract with another hospital or who has left service in another hospital on short notice should not be accepted without adequate evidence that such action was justified.

Religious and Moral Codes

Hospitals shall give courteous consideration to special requests in the interest of the religious practices of the patients which are intended to bring them peace of mind and spiritual consolation.

In all hospitals operated by a church organization and for all patients who are members thereof, it is expected that the Moral Code of that denomination be observed.

(to be continued)

Reading and Writing

The mirror of the past reflects the problems of the present and of the future and in it we see ourselves more clearly. Thus do we learn not only about things that touch us close or slightly; but as we read we learn also how to put our thoughts in words that are clear and meaningful.—*J. C. Hossack, M.D., C.M.*

Psychiatric Unit

(Concluded from page 37)

private practices and also be able to exercise full-time supervision of the treatment program. In addition to the two chief psychiatrists, there is a medical resident in psychiatry in the advanced stages of his post-graduate training who is in full-time attendance at the unit and who is in active contact with the therapeutic program for the patients, under the supervision of the co-directors. The unit works in close liaison with the department of psychiatry of the Faculty of Medicine of the University of Western Ontario, not only for post-graduate training but also for the clinical teaching of medical students. The non-medical staff consists of a fully-trained psychiatric social worker, a fully-qualified clinical psychologist, and an occupational therapist. The nursing Sisters, who are the nursing supervisors of the unit, have also had carefully planned post-graduate training in psychiatry at various hospitals throughout Canada and the United States. The graduate nursing staff have had post-graduate psychiatric experience. Regular conferences are held with the full staff attending. These are held with each of the directors, as well as jointly with them, so that the staff will always be fully informed as to the progress and the problems of each patient.

Thus, in every way possible, we have established a full-time psychiatric unit, in order to meet the needs of the community served by St. Joseph's Hospital.

Nursing in Japan

(Concluded from page 76)

profession. Society only is not to be blamed for this indifference; nurses themselves are at fault. They must become more conscious of their responsibility in helping the public to recognize the values of the nursing profession and therefore improve its social status."

From the above, it will be understood that professional nursing in Japan makes slow progress. Nevertheless, conditions are gradually improving; nurses with postgraduate qualifications to teach and supervise are being appointed as educational directors in the schools and, in some instances, it has been possible to appoint clinical nurse supervisors to try to improve the students' clinical ward practice. Gradually, also, the nursing service department of hospitals is coming more directly under the control of nurses.

St. Catharines General Holds Forums on Surgery

The St. Catharines General Hospital, St. Catharines, Ont., is holding forums for the general public concerning surgery. The purpose is to acquaint members of the community with the facilities in the hospital which are at their disposal and to dispel any fears which people may have about surgery. The first of these public meetings dealt with the advances which have been made in surgical techniques in recent years. The meetings are being co-sponsored by the Lincoln County Medical Association. The moderator for the first forum was Dr. O. Z. Younghusband; panel members were Drs. R. E. Elderkin, M. Sabia, and K. E. Rogers.

Port nurseries are operated by the Canadian Red Cross Society to welcome new Canadians at Saint John and Halifax.

McCARTHY DEFLECTING FOROBLIQUE PAN-ENDOSCOPE

Catalog No. 149

This instrument, an important addition to the line provides several features which increase the range of usefulness and ease of manipulation of one of the most widely used urological instruments, the Pan-endoscope. The increasing need for great precision and accuracy and control of movement of the catheter or other instruments in bladder manipulation has resulted in the development of a deflecting pan-endoscope having an accurately controlled elevator timed to provide concise visual control of instruments during use.

The McCarthy Deflecting Foroblique Pan-endoscope consists of telescope with deflecting mechanism, 24 Fr. sheath with obturator, conducting cord, contact, two extra lamps, catheter clip, Luer lock stop cock, Luer nipple, cleaning rod, assorted rubber tips, lamp wax complete in walnut case.

The instrument has a special 24 Fr. sheath, with a lengthened fenestra and obturator. The telescope is mounted in a deflecting mechanism which fits snugly in the sheath by means of a cone and bayonet lock. Three catheter openings are provided in the cone to accommodate one 10 Fr. or two 7 Fr. catheters. An elevator is located at the distal end of the telescope and is controlled by a deflecting mechanism located near the proximal end of the telescope. The optical system of the telescope is a special foroblique system designed to provide maximum field of vision, high definition and maximum light transmission.

CATHETER CAPACITIES

2 No. 7 Fr.—Fin Removed
2 No. 6 Fr.—Fin in Place
1 No. 10 Fr.—Fin Removed

ESTABLISHED IN 1900 BY REINHOLD WAPPLER

FREDERICK J. WALLACE, *President*

American Cystoscope Makers, Inc.

1241 LAFAYETTE AVENUE NEW YORK 59, N. Y.

Distributed in Canada exclusively by

INGRAM & BELL LIMITED

TORONTO

MONTREAL • WINNIPEG • CALGARY • VANCOUVER

How the Barrie Memorial Prepared

(Concluded from page 49)

leave the triage room, they will have a room number and bed number stapled to the casualty card. Such cards have been prepared in advance and are on a rack at the door of the triage room.

The destination is noted on the copy of the log sheet which is also at the exit door. By this method it can be seen at a glance which beds are available and there can be no duplication, for there is a card for each bed in the hospital and as soon as a bed is allotted the card is removed from the rack. The third group are those who require immediate resuscitation. The casualty card will be marked in red and they will follow the same routine as those casualties who are sent to the wards, except that the clerk at the door will draw a red card from the rack which designates a bed in one of the resuscitation rooms.

The fourth group, of which there is usually a very small number, require immediate surgery such as closing a chest wound or stopping haemorrhage. These will be taken directly to the operating room but will first receive a bed location in the resuscitation room.

At this point the question of priority of treatment arises. The surgeon in chief will make a tour of the resuscitation rooms and wards and will decide as to when each patient will be treated. He will prepare a list of operations which will be sent to the theatres and operations will be done in the order which he designates. He will also request x-ray examinations where they are required, and the films will be marked with the casualty card number. This list should be prepared as early as possible so that those patients who have a low priority can be given fluids by mouth and made as comfortable as possible, while the high priority casualties can be prepared for operation and given their pre-operative medication. It is estimated that the two surgical teams will be able to handle not more than two and a half cases an hour so that in 24 hours about 50 or 60 such cases could be treated.

After the first 24-hour period, patients will have the usual hospital case sheet prepared with the hospital number followed by their casualty number.

At the time of the alert when it is known that many casualties are ex-

pected. the blood bank will immediately be brought up to a total of 50 pints of blood. A list of blood donors has been prepared consisting of 100 names and it will be the duty of a member of the office staff to telephone donors asking them to report to the hospital at once. Blood will be collected in the lobby of the hospital in a screened off area. These blood donors will have only to enter the front door and so no traffic problem will be created. All cases requiring blood will be given a bottle of plasma expander to begin with and while this is being given they will be grouped and matched with blood in the bank. The planners envisage that only in very exceptional cases will group O negative blood be given without matching and then only on the order of the physician or surgeon in chief. If further blood is required, it will be obtained using the list of donors in the required group.

The distribution of the available medical manpower will be as follows: in triage—chief of medicine and chief of surgery; casualty—1 physician and 1 surgical resident; operating rooms—2 surgeons, 2 residents, and 2 anaesthetists. One resident with a knowledge of radiology will divide his time between the main x-ray department and the portable machine in the casualty department and he will direct the two x-ray technicians. The remaining three physicians will divide their time between the resuscitation wards and the general wards. The chief of staff will supervise the work in the out-patient department and in the operating theatres. He will have full control of all treatment and will advise as to what methods and procedures will be carried out.

Other sections of the disaster plan deal with liaison with the community as to communications, policing of buildings and grounds, the information centre located just outside the hospital grounds, and so on. These are under the direction of the business manager who is responsible as well for the records, documentation, laundry, kitchen, maintenance, and accessory help. Volunteers will be used as much as possible, for instance, in documentation, at the exit from the triage area to look after the board showing available beds, in the first aid area, at the switchboard, for cleaning and maintenance, as well as in the kitchen and laundry. •

Survey of Long-term Patients Carried out in New York City

A survey is being carried out in New York City to find out how many long-term patients in the municipal hospital system can be transferred to "homesteads". In these new institutions, they will receive rehabilitation treatment in more pleasant surroundings and at lower cost than in a general hospital.

The survey began in November of 1954 and, if possible, will be completed within a year. It will cover one-fifth of the 15,000 non-mental, non-tuberculosis, non-obstetrical patients in the municipal hospitals. The sample will be taken from various age groups, concentrating on older persons and those who have been in hospital for some time. The survey is being carried out under the direction of Dr. Howard Rusk, director of the New York University-Bellevue Medical Center.

In the envisaged "homesteads", according to Dr. Rusk, there would be no regularly assigned doctors or nurses but there would be a general hospital 10 minutes away. There would be therapeutic recreation and activity. Cost of care in a homestead would be $4 a day, as compared with $20 a day in the city's general hospitals. The saving to the city, if 1,000 qualified patients were eventually transferred out of 15,000, would be nearly $6,000,000 a year.

The term "homstead" is being used for this new type of institution in preferance to less attractive names such as the "public home infirmy for custodial patients". Dr. Rusk points out that if long-term patients have the chance to qualify for homestead care, it would be a privilege they would work for and would give them a real incentive for rehabilitation.

Two New Projects Sponsored by the Nuffield Foundation

The Nuffield Foundation of London, England, has thought it opportune to extend help to institutions and people in the Commonwealth. The latest allocation has been the sum of £250,000 for distribution to university colleges in colonial territories and the Foundation "hopes that on an expanding scale it may devote its attention to the overseas parts of the Commonwealth, where growth is still young and vigorous and experiment is necessarily the order of the day".

The Foundation will also establish within its own organization an embryonic research institute in the form of a division for architectural studies. The decision to set up the division, for an initial period of 10 years, was taken in light of the work done by the Nuffield Provincial Hospitals Trust's investigation into hospital functions and design. There seemed, it is stated, a clear case for attempting comparable studies with other types of building and the immediate program for the new division includes the study of children's hospitals, research laboratories, and farm buildings. — *"The Hospital", London, Eng., Feb., 1955.*

Food and Drug Regulations

The Food and Drug Regulations, established by Order in Council P.C. 1954-942 of the 24th of June, 1954, as amended, have been revoked. A new set of Food and Drug Regulations have been made and established in substitution. They appeared in *The Canada Gazette*, Vol. LXXXVIII—No. 24, Wednesday, December 22, 1954.

Health Care Plans

(Concluded from page 68)

health insurance became compulsory, so that virtually the entire population of 7,000,000 is now covered.

Under the Swedish system, doctors receive no capitation fee; the patient receives an account in the ordinary way and the State pays three quarters of this (if it is approved); the patient pays the rest. The cost of prescribed medicines is shared equally by the State and the patient. Hospital treatment is free to the insured patient; and compensation during illness is graded according to income — and contribution.

* * * *

A Second Generation of Blue Cross

The first American baby to be covered by a Blue Cross prepayment plan was born in 1933. Now, just 22 years later, this first "Blue Cross Baby" has a baby of her own — whose hospitalization was also prepaid through Blue Cross. In 1933, the mother spent 10 days in hospital and the total bill was $60. The 1955 mother spent half that amount of time in hospital because of advances in care and treatment. Her bill was approximately $115.

Patients Order Meals— a Day in Advance

In a general hospital, a patient's stay is often so short that particular whims about food cannot be sized up in that time. At St. Mary's in Montreal the dietetic staff does the next best thing—it gives the patient a choice 24 hours before the meal is served. In this way, not only does the patient get his or her preference but the hospital does not prepare quantities of food that will not be eaten.

Every morning, each patient receives a copy of the selective menu for the following day's three meals. Choices are marked by the patient and returned to the dietitian's office by early afternoon. This practice enables the dietition to order preparation of exact amounts of food. Proof that this practice has resulted in considerable elimination of waste will be supplied on request by the hospital's garbage man. Before the system was inaugurated, he picked up an average of three large bins of waste daily from the hospital's kitchens. Now he is surprised if gets one full bin.—*From "St. Mary's Hospital Reports", November, 1954.*

Superintendent of Nurses

APPLICATIONS are invited for the position of Superintendent of Nurses; Applicants should be registered or able to register in British Columbia: Give particulars of training, experience, and qualifications in first letter and for further particulars apply to Administrator, Kimberley & District General Hospital, Kimberley, B.C.

Administrator Wanted

For seventy bed general hospital. Please state qualifications and references. Address application to Chairman, Board of Directors, St. Georges Hospital Society, Box 223, Alert Bay, B.C.

X-Ray and Lab Technicians

Positions open in Northern Saskatchewan Hospital for X-Ray and Laboratory Technicians. Apply to Box No. 214V, The Canadian Hospital, 57 Bloor St. W., Toronto, Ontario.

Instructor Wanted

Qualified instructor for School of Nursing to assume responsibility under the supervision of the Director of Nursing for a nursing education program in a 36 student school. Salary in accordance with training and experience, 44-hour work week, general staff benefits. Apply stating age, marital status, qualifications and employment history to the Administrator, Victoria Hospital, Renfrew, Ontario.

DO YOU NEED

an administrator
an assistant administrator
registered female or male nurse (English)
registered Practical nurses (English'
registered Mental nurse (English)
stenographers
aids, domestics
female registered Pharmacist wanted for an Ohio hospital
No fee to employer
International Employment Agency, 29 Park W., Room 209, Windsor, Ontario

Housekeeper Available

Administrative Housekeeper, thoroughly experienced, conscientious, healthy and energetic, early fifties, exemplary references, Toronto. Returning to Canada shortly, seeks responsible position. Box No. 4-108W, The Canadian Hospital, 57 Bloor St. W., Toronto.

CUTTER DEXTRAN

a low cost plasma volume extender

CUTTER DEXTRAN is a 6% W/V solution of the partially hydrolyzed macromolecular polysaccharide dextran in isotonic sodium chloride. It is indicated for the correction of hypotension due to hemorrhage, burns, trauma and surgical shock. When blood volume deficit does not exceed one third, it may serve alone as a replacement fluid, otherwise whole blood will be needed later to overcome the anemia.

Quick Increase of Plasma Volume

Dextran infusion increases effective circulatory blood volume and supports colloid osmotic pressure of the blood during the shock state.

It was found that following the administration of 500 cc. of Dextran to 6 non-shock patients, blood volume increase amounted to an approximate average of 1,000 cc. in 15 minutes and 1,100 cc. in 45 minutes. At 1 hour 15 minutes, the blood volume increment dropped to 900 cc. and increased to 1,350 cc. at 5 hours. A slight decrease was noted between 5 and 8 hours, the increase being 1,100 cc. at 8 hours. A gradual reduction followed until 20 hours, there being a net increase of 275 cc. at this time.

1,000 cc. and larger amounts of Dextran may be given when necessary without deleterious effect. Should the shock patient fail to respond satisfactorily, however, a whole blood transfusion should be given as soon as possible.

From 25% to 40% of administered Dextran is recoverable in the urine in twenty-four hours. The remaining fraction has shown no harmful effects on the tissues; indications are that most if not all of this is metabolized by the body.

Because of Dextran's molecular size, it does not readily pass through blood vessel walls and thus, pulls edema fluid back to the blood stream by osmotic forces. Resultant hemodilution and increased plasma volume is of sufficient duration to enable the circulatory system to overcome its shock-altered dynamic state.

Advantages

The relatively low cost and easy availability of Dextran are of extreme importance, particularly in the light of the crucial need for whole blood. As a therapeutic agent, Dextran is non-toxic and non-pyrogenic and, unlike plasma, will not transmit the virus of hepatitis. It is stable and liquid under normal clinical conditions, appearing to stay in solution indefinitely.

In storage it requires no refrigeration. Dextran is ready for *immediate* administration since typing, grouping and crossmatching of blood are precluded. To facilitate administration, Cutter Dextran is supplied in 500 cc. Saftiflasks with the exclusive Saftitab Stopper and may be given quickly and easily with any standard administration set.

Disadvantages and Precautions

The two major disadvantages of Dextran are (1) it provides no protein nutrient and (2) it is a plasma extender *only*. In cases of severe hemorrhage, maximum increases in circulating blood volume and restoration of the *oxygen carrying capacity* of the blood can only be provided by the administration of Whole Blood.

Where the hazard of congestive heart failure and pulmonary edema may be present (e. g. those patients with heart disease and renal shutdown), special care should be taken in the administration of Dextran.

Stock CUTTER DEXTRAN

The only plasma extender with the Saftitab*-Stopper!

CUTTER

CUTTER LABORATORIES INTERNATIONAL

Ca'gary Branch, Union Building
Calgary, Alberta

★

EARL H. MAYNARD
207 Main Street South
Weston, Ont.

★

B.C. PHARMACEUTICALS LTD.
933 W. Georgia Street
Vancouver, B.C.

*T. M.

Provincial Notes

(Concluded from page 70)

beds, while the new plan calls for 18. The increased bed capacity will be provided by adding a fourth storey to the hospital's east wing. Cost of the additional floor is estimated at $72,000, of which $60,000 will be provided by provincial and federal grants.

* * *

STRATFORD. More than two-thirds of the work required to renovate the old Stratford hospital has been completed. The first two floors will be used for elderly long-term patients. The third floor, where renovations are almost completed, will be used as quarters for the student nurses. Six beds for infectious disease cases are located in the basement and further renovations will be made to provide space for living quarters for male orderlies and a subsidiary kitchen.

* * *

TORONTO. Contracts for the new 160-bed Queensway General Hospital have been let and construction has begun. The $2,000,000 hospital is located on the northwest corner of the Queen Elizabeth Way and Brown's Line, on the outskirts of Metropolitan Toronto.

Quebec

JOLIETTE. The provincial government has announced plans to construct a $15,000,000 psychiatric hospital here. The hospital will have accommodation for 1,500 mentally ill patients and it is expected that it will take three or four years to complete.

New Brunswick

CAMPBELLTON. A new elevator is being installed at Restigouche and Bay Chaleur Soldier's Memorial Hospital and is expected to be in use shortly. The hospital's board of governors has decided to enlarge the present x-ray room and proposed plans for the construction of an addition to the hospital are also being considered.

Nova Scotia

LIVERPOOL. A cheque for $10,000 was presented recently to the Queens General Hospital by the Mersey Paper Company Ltd. The donation brings to $79,000 the total sum of money contributed by the company to the hospital since 1945. A diesel driven electric generator has been installed at the hospital which, in case of emergency, can supply all the hospital's need for electricity.

Prince Edward Island

SOURIS. The obstetrical department at the Souris Hospital is being re-equipped with a new delivery table and a high-powered light for the case room. This equipment, along with certain other purchases for the department, is being financed through government grants for maternal and child welfare.

Cancer Clinic is at Port Arthur, Ont.

In the January, 1955 issue of *The Canadian Hospital*, under the section entitled "Notes on Federal Grants", a list was given of clinics maintained by the Ontario Cancer Treatment and Research Foundation. In this list, Fort William appears erroneously. The clinic is not in this city but in Port Arthur, at the Port Arthur General.

ILFORD ILFEX NON-SCREEN X-RAY FILM

INDIVIDUALLY WRAPPED

Each film in its own holder.
No loading—Saves time.

PARTICULARLY USEFUL FOR

Accident cases.
Private office use.
Busy X-ray Departments.

PROCESSING

Same as for screen films.
Same time.
Same temperature.

HIGH SPEED EMULSION

Gives a much wider range of use than is usual with non-screen films.

PACKINGS AND SIZES

Envelope wrapped—12 per box.
All usual sizes in stock. Also 25 and 75 sheet boxes with standard wrapping.

ILFORD LIMITED • ILFORD • LONDON

For further information ask your X-Ray Dealer, or

W. E. Booth Company Limited

12 Mercer Street, Toronto, Ont.

With the Auxiliaries

(Concluded from page 74)

$9,550 has been given to the hospital board of governors for the fund. There are now 2,355 paid-up members in the auxiliary.

* * * *

Successful Year for Auxiliary to Gorge Road Hospital, Victoria, B.C.

The treasurer's report at the annual meeting of the ladies' auxiliary to the Gorge Road Hospital showed a highly successful year. The major money-raising projects—the tag day, garden party, and the bazaar—netted $2,693.40, while $408.76 was raised through the sale of raffle tickets. During the past year the auxiliary purchased linen, cutlery, and crockery which was required for the hospital and also helped furnish the main solarium. The sewing committee reported that 60 rubber sheets, 26 pads, 33 pad covers, 299 bibs, and 316 drawsheets had been made by members during the year.

* * * *

Aid Purchases Pillow Radios

The ladies' aid to the Swift Current Union Hospital, Swift Current, Sask., has purchased 75 bed radios with pillow microphones for the hospital. The radios, which are selective, will be distributed so as to give an over-all coverage in the rooms and wards. The radios are to be operated on a token basis. The tokens may be purchased at a rate of three for 25¢ or 10¢ each. One token will give one hour's reception. It is expected that the cost of the equipment will amount to approximately $7,000.

* * * *

Travel Cart Brings in Profit

A sum of $2,000 was donated by the women's auxiliary to the Reddy Memorial Hospital, Montreal, P.Q. The money has been used to cover the cost of installing curtains around every bed in the hospital's wards and semi-private rooms. The auxiliary's travel cart has netted $500 in three months of operation.

* * * *

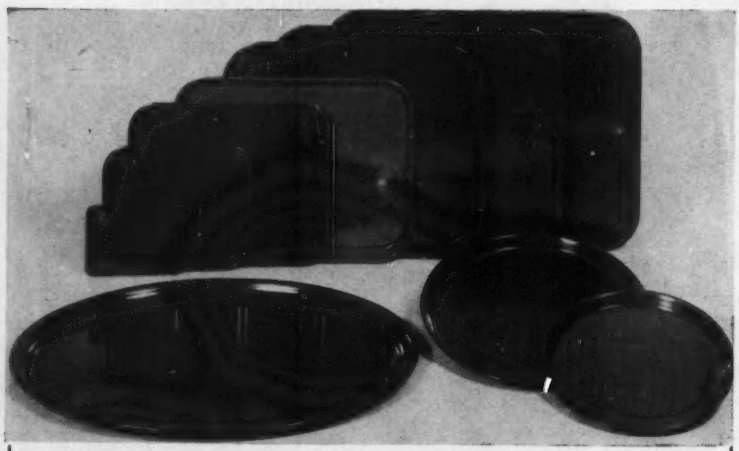
Many Items Supplied by Auxiliary at Carleton Place

Since the establishment of the women's auxiliary to the Carleton Place and District Memorial Hospital, Carleton Place, Ont., in May 1953, many projects have been undertaken by the ladies. All soft goods such as bedding, towels, linens, and gowns are supplied for the hospital. The auxiliary has also furnished its own work room and has purchased curtains to separate the beds in the wards.

MRDAS — What's That?

It's the youngest of the consultive divisions of the Department of National Health and Welfare and the code-like scramble stands for Medical Rehabilitation and Disability Advisory Service.

Established to provide consultive and advisory services on matters of rehabilitation and on disability allowances programs as they develop, the new service will consist of a medical rehabilitation consultant, a medical social work consultant, and a technical rehabilitation consultant, all under the general direction of Dr. K. C. Charron, Principal Medical Officer.



News Released by Hospital Supply Houses

By C.A.E.

Gordon A. Friesen Associates

Gordon A. Friesen Associates, consultants on hospital design, organization and management, announce the opening of their new offices at 717 Church Street, Toronto.

The firm will provide consultant services and assistance on all phases of the hospital and its problems. Comprehensive surveys of the needs and trends with respect to community health services will be conducted upon request, as well as analyses of existing and projected hospital organizations and facilities.

Mr. Friesen, who heads the new company, is well known in the hospital field in both Canada and the United States. He is a Fellow of the American College of Hospital Administrators, and has had extensive experience in hospital administration and consulting work in both countries. In Canada he has been associated with the Kitchener-Waterloo Hospital, Kitchener, Ont., the Belleville General Hospital, Belleville, Ont., and the Saskatoon City Hospital, Saskatoon, Sask. During the last two years he has been affiliated with the Memorial Hospital Association of Kentucky, Washington, D.C. After relinquishing his position with this Association, Mr. Friesen established his own firm and will devote his full time and energies to hospital consulting, in which he has been active since 1948.

Gordon A. Friesen

New Booklet on Iodine Germicide

A new booklet on Wescodyne, all-purpose iodine germicide and cleaner for hospital use, is available to hospital personnel and administrative heads. It presents technical information on Wescodyne's composition, toxicological, microbiological and other properties, along with recommended uses. The use of iodophors (West's "tamed" iodine-complex detergent compounds) is covered in the introduction to the text, and the company's pioneer work in this field is briefly described.

Action of Wescodyne against tubercule bacillus, spores, polio virus and other pathogens in accepted clinical evaluation tests show that this iodine-complex is non-selective in germicidal action, being effective at relatively low concentrations (25 ppm). Wescodyne in use dilutions provides an amber tint to the solution. Unlike any other known similarly used material, Wescodyne is its own indicator of germicidal activity. Just as long as any colour remains in the solution, the user is assured of complete and rapid germicidal action. When the colour fades out, the solution must be renewed. Other West products containing iodophors are mentioned in this booklet and their specific uses explained in simple, non-technical language.

Copies of the new "Wescodyne For Hospital Use" booklet may be had by writing directly to the West Disinfecting Company Limited, 5621 Casgrain Avenue, Montreal, P.Q.

J. Warrington, Branch Manager of Philips X-Ray Division

Philips Industries Limited announce the appointment of John Warrington as branch manager of the X-Ray Division in Ontario.

Mr. Warrington has had considerable experience in the X-Ray field. His initial technical training was received in the Royal Canadian Air Force. Upon his discharge from the Air Force he joined Westinghouse Corporation. After returning to Canada Mr. Warrington became a sales engineer with Ferranti Electric Limited where he succeeded in establishing himself as one of the top men in his profession.

John Warrington

Separate Sales Department For Garland Units

The Detroit-Michigan Stove Company have announced creation of a separate sales division for its Garland line of commercial ranges.

Fred A. Kaiser, DMS president,

(Concluded on page 120)

Across the Desk

(Concluded from page 118)

names C. M. Jewell sales manager of the new division and John P. Beals as assistant sales manager. Mr. Kaiser said separation of sales direction of the Detroit-Jewel line of domestic ranges and the Garland line of commercial cooking equipment is preliminary to further expansion of the company's sales program.

Garland ranks as the largest producer of cooking equipment for hospitals, hotels, restaurants, public buildings, institutions and others requiring large-scale feeding facilities.

J. Westman

W. R. Dewson

R. J. Baker

Fisher & Burpe Appointments

R. W. Finlayson, president of Fisher & Burpe Limited, suppliers to physicians and hospitals, announces the following appointments: J. Westman, formerly manager of the Company's Edmonton office to manager of the Western division with headquarters in Winnipeg; W. R. Dewson, formerly manager Ontario division to manager of the Eastern division with headquarters in Toronto; R. J. Baker to manager of the Edmonton office.

These promotions are due to the continued expansion of Fisher & Burpe Limited and the Company's policy of maintaining a staff of young, service-minded executives.

Johns-Manville Moves Toronto Office

Newly-constructed warehouse and offices of Canadian Johns-Manville have been opened at 565 Lakeshore Road East, Port Credit, Ontario, about twelve miles west of downtown Toronto. Containing a total of 70,000 square feet, the office and warehouse buildings are adjacent to one another. This new location replaces offices formerly at 199 Bay Street.

The second floor of the new two-storey building is head office for the company's Canadian products division. The ground floor is for Ontario sales office and the contract department.

The exterior of the main office, which faces the highway, is finished in corrugated transite and brick with continuous bands of windows to lend variation to architectural design. The interior utilizes J-M Asbestos movable walls, while the ceilings of the entire building are sound-proofed with J-M Sanacoustic, Permacoustic and Perforated Transite. All floors are covered with J-M Asphalt Tile.

Company Changes Name

The George R. Prowse Range Co. Limited announces that the name of the company has been changed to Prowse **Limited.**

This has been made necessary because of the increased facilities provided by the Company who make kitchen and cafeteria equipment of all kinds, as well as equipment for hospitals, institutions, and railway dining cars.

New Appointments at Diversey Corporation

Appointments effective the first of this year have been announced by B. M. Kaple, president, The Diversey Corporation (Canada) Limited, as follows: R. R. Carson, vice-president; J. O. Anderson, secretary and director; and G. C. Norrie, treasurer.

Joining Diversey fourteen years ago as a salesman, Mr. Carson became successively a district manager, 1946; assistant sales manager, 1948; and general sales manager, 1952. Born in Toronto, his entire business career has been spent in sales and merchandising.

R. R. Carson

J. O. Anderson

G. C. Norrie

A graduate of University of Illinois, Mr. Anderson joined the sales administration department of Diversey in Chicago in 1939. After serving in the U. S. Army from 1943 to 1946, he transferred to the Canadian company as manager sales administration. Previous to his present appointment in which he retains advertising and sales administrative management he was office manager, advertising manager and assistant secretary.

Mr. Norrie graduated from University of Toronto in 1950 after serving three years in R.C.A.F. Joining Diversey in 1951 as accountant he was appointed assistant treasurer in 1953. He acquired his C. P. A. in 1954.

Index of Advertisers

MARCH, 1955

A

Abbott Laboratories Limited 92
Agnew, Craig and Peckham 116
Allen & Hanburys Co. Limited 91
American Cystoscope Makers Inc. 107
American Sterilizer Company 14
Art Woodwork Limited 105
Aseptic-Thermo Indicator Company 119

B

Banfield, Arnold & Company Limited 116
Bard, C. R. Inc. 7
Bard-Parker Co. Inc. 28
Bassick Division, Stewart-Warner Corp. of Canada Ltd. 111
Bauer & Black Div., Kendall Co. (Canada) Ltd. 10, 83
Baxter Laboratories of Canada Ltd. 5
Becton, Dickinson & Company 19
Blodgett, G. S. Co. Inc. 13
Bode, Walter & Co. Limited 79
Booth, W. E. Co. Limited 115
Brunner Mond Canada Limited 97

C

Canada Starch Co. Limited 111
Canadian General Tower Limited 63
Canadian Hoffman Machinery Co. Limited 121
Canadian Kodak Co. Limited 65
Canadian Laundry Machinery Co. Limited ..... II Cover
Canadian Liquid Air Co. Limited 98
Carveth, Walter A. Limited 121
Casgrain & Charbonneau Limited 51
Cassidy's Limited 106
Cash, J. & J. Inc. 119
Castle, Wilmot Company 51
Chaput, Paul Limited 105
Clay-Adams Company Inc. 59
Colgate-Palmolive Limited 24
Collet, Paul & Co. Limited 71
Colson (Canada) Limited 17
Corbett-Cowley Limited ..... III Cover
Cow & Gate (Canada) Limited 87
Crane Limited 32
Crescent Surgical Sales Co. Inc. 20
Cutter Laboratories 113

D

Davis & Geck Inc. 23, 73
Dictaphone Corporation Limited 89
Dominion Glass Co. Limited 101
Dominion Oxygen Co. Limited 86
Dominion Textile Co. Limited 30
Du Pont Co. of Canada Limited 61
Dustbane Products Limited 81
Dye & Chemical Co. of Canada Limited 112

E

Eaton, T. Co. Limited 119
Electro-Vox Inc. 105
Everest & Jennings, Inc. 109

F

Ferranti Electric Limited 26
Fischer Bearings (Canada) Limited 121
Fisher & Burpe Limited 22, 75, 110
Frigidaire Products of Canada Limited 93

G

Garland-Blodgett Limited 13
General Electric X-Ray Corporation Limited 8-9
General Motors Diesel Limited 112
Gestetner (Canada) Ltd. 95
Goodyear Tire & Rubber Co. Limited 27
Gevaert (Canada) Ltd. 104
Greville & Son Limited 102

H

Hardie, G. A. & Co. Limited 31
Hartz, J. F. Co. Limited 67
Hospital and Medical Audit Bureau 119

I

Ilford Limited 115
Ingram & Bell Limited 5, 14, 96, 107
Industrial Textiles Limited 106

G

Johnson & Johnson Limited 15, 53

K

Kendall Co. of Canada Limited 10, 83
Kraft Foods Limited 55

L

Lederle Laboratories 21
Lily Cups Limited 85

M

McKague Chemical Company Limited 4
Minneapolis-Honeywell Regulator Co. Limited 99

N

Napanee Iron Works Limited 117

O

Oakite Products of Canada Limited 121
Onan, D. W. & Sons Inc. 108

P

Parke, Davis & Co. Limited 77
Philips Industries Limited 29
Physicians' Record Company 94
Picker X-Ray of Canada Limited 3

Q

Quicap Company Inc., The 110

R

Russell, F. C. Co. Limited 117

S

Shampaine Company, The 18
Shipley Co. of Canada Ltd. 64
Skinner, Ella Uniforms Limited 16
Smith & Nephew Limited 80
Sterling Rubber Co. Limited 57
Stevens Companies, The 11, 51, 88

T

Taylor, Edward Limited 88
Texpack Limited 100

U

United Electric X-Ray Co. 104
Universal Cooler Co. Limited 103

V

Vollrath Company 96

W

West Disinfecting Co. Limited 25
Wilmot Castle Company 51
Wood, G. H. & Company Limited ..... IV Cover
Wrought Iron Range Co. Limited 114

X

X-Ray & Radium Industries Limited 69

Authorized as Second Class Mail, Pos Office Department, Ottawa. The Canadian Hospital is published by The Canadian Hospital Association, 57 Bloor Street West, Toronto 5.

★ ★ ★

★ ★ ★

PROBATIONERS OR STUDENT NURSES

- Uniforms
- Aprons
- Collars
- Cuffs
- Bibs
- etc.

. . . made to the precise and exact styles and materials as specified by Superintendents of Training

★ ★ ★

. . . traditional Corbett-Cowley Quality and Dependable Delivery

★ ★ ★

. . . a service backed by 30 years' experience in this exacting field.

Your request for prices and samples will be given prompt attention.

CORBETT-COWLEY
Limited

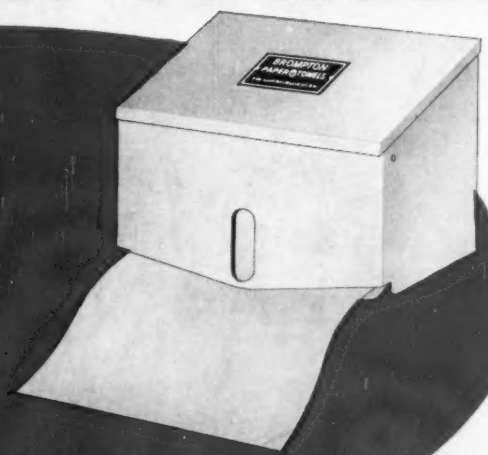
2738 Dundas Street W., Toronto 9 **424 St. Helene St., Montreal 1**

3 GOOD REASONS FOR USING

BROMPTON K-20

Kraft PAPER TOWELS

1 Economical
2 Absorbent
3 Sanitary



Made in Canada by St. Lawrence Corporation Limited, Montreal, Que. Mills located at Dolbeau, East Angus and Three Rivers, Que., Nipigon and Red Rock, Ont.

G. H. WOOD & COMPANY LIMITED

SANITATION FOR THE NATION · BRANCHES THROUGHOUT CANADA